

The Dangers of Masculine Support Messages Addressing Adverse Childhood Experiences: Social Support as a Strategy for Abuse Prevention and Intervention

By
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**The Dangers of Masculine Support Messages Addressing Adverse
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Abstract

Perpetrators of intimate partner violence (IPV) are more likely to have been exposed to adverse childhood experiences (ACES) than the general population (e.g., Whitfield, Anda, Dube, & Felitti, 2003). Despite this association, occurrence of ACES does not guarantee the development of patterned abusive behavior (Godbout et al., 2017). To understand the link between ACES and IPV perpetration, limited research (e.g., Felitti & Anda, 2010; Miller, 1997) has identified talking with nonjudgmental others (e.g., counselors) as a social strategy that may help mitigate the effects of childhood adversity. However, damaged attachments (e.g., Haven & Pearlman, 2004) and characteristics of traditional masculine gender socialization (e.g., “restrictive emotionality”; see O’Neil, 2008), may prevent individuals from seeking and obtaining the emotional and cognitive benefits of social support (e.g., Sarason & Sarason, 2009). Thus, the purpose of the current study was to better understand how male IPV perpetrators perceive social support during childhood and as members of abuse intervention program (AIP) groups.

For this dissertation project, I became a participant observer at a local AIP that offered 27-week AIP groups for IPV perpetrators, typically court-mandated to attend. From April 2014 to February 2015, I completed approximately 257.5 hours of participant observation within an AIP group and facilitator meetings. Additionally, I conducted semi-structured interviews with 15 male IPV perpetrators to explore individual experiences in greater detail. The data were analyzed using a combination of concept-driven, open, and axial coding, creating an inductive and iterative process for interpretation (e.g., Manning & Kunkel, 2014).

Participants’ reports revealed high frequency of ACES, prevalence of damaged attachments via parental loss and caregiver abuse, and patterns of negative messages about self-

worth. Additionally, participants reported low and sometimes absent positive social ties and the tendency to seek surrogate support associated with negative influences (i.e., gang membership, drug use). Finally, study participants received persistent messages that discouraged help seeking and engendered masculine communication styles (e.g., self-reliance, aggression, rejection of femininity, restrictive emotionality; Levant & Richmond, 2007), preventing social support access. The current study illustrates how the effects of ACES and damaged attachments can be exacerbated by the absence of positive social ties and adherence to masculine gender norms governing communication. Findings are discussed regarding theoretical implications and practical applications for AIP group facilitation.

Dedication

To all those who hurt.

Acknowledgements

When I began this project in 2013, I had little to no idea what I was getting myself into. The challenges and rewards that surprised me along the way are now an integral part of who I am as a scholar, a partner, a mother, and a friend. The work I did and the relationships I developed have all influenced me in many known and yet to be known ways. What I have learned from this project about myself, I hope, will help me as I continue to grow and learn. What I have learned from this project about violence, I hope, will help continue the work that started far before I ever came along.

There are many people who I would like to acknowledge for their support in helping to complete this enormous project. Though it is impossible to place higher importance on any one individual, I must first thank the men who shared their stories and made themselves vulnerable for the benefit of others. I hope sharing your stories helped you in some small way. Without your willingness to participate, this project would not have been possible. For that same reason, it is important that I also acknowledge those few people who granted me access to their lives for over three years of sitting in on the Wednesday night groups. Though I cannot name names, you know who you are. Thank you for granting me access to your program, your groups, your trainings, your research, and your hearts. Thank you for teaching me how to facilitate groups and for trusting me to become a co-facilitator. I will always remember the struggles we endured as we navigated through difficult group dynamics and the laughter we shared as we grew to be friends. Though some of you left before I finished my work, you have not been forgotten, and I owe many thanks to you all.

To my dissertation committee, I would like to acknowledge the inspiration, time, and patience that you gave generously to me. At one point, I was sure that your enthusiasm would

fade, yet you continuously encouraged me and proved committed to stay the course. Dr. Kunkel, as my committee chair, mentor, co-author, and friend, I am excited to see what happens next for us! You have guided me these past SIX years, and I thank you for your ongoing love and support. Without you, I would certainly be a different kind of scholar, and I know that your influence has shaped how I will mentor my own future students. Dr. Zhang, I have learned a lot from you, but most of all, I have learned that one can produce rigorous scholarship while also having a big heart. I have always been impressed by your ability to have both.

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Next, I must acknowledge the people who helped me get to graduate school (and survive it!) in the first place. I am more than fortunate to have support that extends beyond the walls of academia. My friends and family cheered me on and supported me from various parts of the

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To my children, Iola and Arthur, if you ever read this, I want you to know that the irony of my absence while completing this project was not lost on me. Though I studied the enduring effects of absent parents, I nonetheless chose to work nonstop at two (sometimes three) jobs to make grad school work, making me frequently absent from your young lives. Arthur, you were two years old when I started, and Iola, you were four. I knew it was difficult to see less and less of me as the years went on. I just want you to know that not one day went by when I did not feel regret for how little time I got to spend with you. Now that I have finished, I hope to make up for lost time, to be there for you, and show you my love and support.

To my dear husband, Thom, I may owe the biggest debt to you. Though we did our best to share responsibilities and model gender equity, there were many times when you, alone, had to shoulder the work. In many ways, you were overburdened, and I was often scared I asked too much. Of course, you never made me feel I was a burden but always told me you were proud and wanted me to succeed. I love you, and I am forever grateful for your sacrifice. I stood on your shoulders to reach for the stars, and you held us ALL higher than I could have dreamed. Because of your strength and partnership, we have a bright future ahead. Now it is my turn to lift you up.

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Chapter One: Introduction and Rationale

According to statistics from the United States government, the rate of intimate partner violence (IPV) in the United States declined 67% between 1993 and 2010, attributing the change to the passage of the Violence Against Women Act in 1994 (VAWA Factsheet, n.d.). The passage of VAWA, under the leadership of then-Senator Joe Biden, created new mandates (e.g., law enforcement officer training) intended to increase accountability for perpetrators of violence and provide services and resources (e.g., the National Domestic Violence Hotline) to increase the safety and security of survivors and their families. However, according to the United States Bureau of Justice Statistics (Truman & Morgan, 2014), IPV accounts for 21% of all violent crime between 2003 and 2012. This suggests that IPV numbers are still strikingly high. The National Intimate Partner and Sexual Violence Survey 2010 Summary Report (Black et al., 2011) reveals that nearly 20 people *per minute* experience physical abuse from their partner in the United States. Indeed, IPV continues to plague our nation.

Communication Scholarship in Abuse Intervention

Many scholars in the discipline of Communication Studies advocate for the use of communication scholarship to ameliorate the lives of individuals, families, and communities, in addition to helping to solve challenging social issues (see Frey, 2009). Communication scholars have consistently examined conflict and aggression, family systems of communication, and social support. Some examples of each of these include examining the influences of family history on the perception of aggression among dyads (Aloia & Solomon, 2013), intergenerational criticism (old to young) as a primary initiating factor for conflict (Wiebe & Zhang, 2016), the sometimes harmful and mixed messages that accompany resources available to survivors of domestic violence (D'Enbeau & Kunkel, 2013; Kunkel & Guthrie, 2016), and coping and social

support strategies employed by breast cancer survivor support group members (Dennis, Kunkel, & Keyton, 2008). However, despite the communicative nature of both “violentization” (i.e., the events and messages that influence the development of the criminally violent individual; Athens, 2015) and abuse intervention program (AIP) groups aimed at reforming perpetrators of domestic abuse (Mederos, 1999), little communication scholarship has been dedicated to examining the processes and events surrounding the experiences of IPV perpetrators within the AIP context (cf. attributions of violence; Stamp & Sabourin, 2009).

Enormous potential lies within the study of perpetrators’ experiences and AIP practices through a communication theory lens. Thus, the current project was designed to examine perceived social support among IPV perpetrators. Specifically, this study explored perceptions of social support addressing childhood adversity and as a part of AIP group membership. In the following sections, I describe how I came to choose the project’s research site for my dissertation. I also outline the project’s overarching assumptions, define terms, and describe the rationale for my project focus and participants.

Rationale for Research Site

After studying the many positive physiological and psychological effects of emotionally expressive writing (e.g., Harber & Pennebaker, 1992; O’Connor et al., 2011; Pennebaker & Beall, 1986; Pennebaker, Colder, & Sharp, 1990; Pennebaker & O’Heeron, 1984) in Dr. Adrienne Kunkel’s social support seminar (COMS 945), I became interested in the possibility that there might be important implications for emotionally expressive writing within the context of IPV, specifically for perpetrators. In studying masculinities and gendered communication, alongside my interest in social support, I had been learning about the concept of “restrictive emotionality” as a function of masculine gender socialization (e.g., O’Neil, 2008; Levant &

Richmond, 2007). Restrictive emotionality means “having restrictions and fears about expressing one’s feelings as well as restrictions in finding words to express basic emotions” (O’Neil, 2008, p. 367).

In my readings, I had also become aware of the trauma and abuse that many boys endure as parents, peers, and how society molds boys into *warriors* (e.g., hard, unemotional, physically violent, dominant), or *real men* (e.g., holding attitudes about women as inferior and sexual objects; Kimmel, 2012; Minor, 2001). Early in childhood, boys are taught to suppress their so-called feminine emotions (e.g., sadness, fear, shame), leading them to believe that the only appropriate emotion to express for the *real* man is anger. This socialization process is traumatic and abusive because boys (like girls) are born with a full range of human emotions, yet they are conditioned through ridicule, violence, and threats of physical violence to eliminate large segments of their social and psychological selves (Minor, 2001).

Research indicates that restrictive emotionality is related to relationship dysfunction, hostile and rigid exchanges, lack of interpersonal competence and closeness, challenges to intimate self-disclosure, and physical aggression (i.e., Cohn, Jacupcak, Seibert, Hildebrandt, & Zeichner, 2010; Cohn, Seibert, & Zeichner, 2009; see Levant & Richmond, 2007, for a review). I began to infer that while every man has been exposed to these social pressures to conform to gender norms at varying degrees, a man who perpetrates IPV must have experienced these traumas to a far greater extent due to the heightened interpersonal dysfunction and aggression. I reasoned that if restrictive emotionality produces deleterious interpersonal effects then the application of Pennebaker’s (1997) emotionally expressive writing paradigm should open abusive men to their whole humanity, allow them to process their full range of emotions without fear of judgment, and may help to mitigate the effects of this social trauma imposed on our boys.

After proposing the project idea to Dr. Kunkel, I reached out to a personal contact who connected me with an employee of the Department of Corrections (DOC) in our state, named Rachel (all names of people and organizations beyond this point are pseudonyms). Rachel and I met for coffee and discussed my project design. She was excited and echoed many of my assumptions when sharing her experiences working with IPV perpetrators. Rachel then connected me with a local abuse intervention program (AIP) called Family Safety Enterprises (FSE) where these ideas about trauma and emotion were already informing their intervention practices. Rachel told me that Hank Stevens, the clinical director at FSE, had already recognized that there is an inverse relationship between early childhood trauma and elements of social support (e.g., emotional intelligence, self-disclosure) for most abusers. The next step was for me to meet the director himself. Hank and I spoke over lunch together one afternoon in December 2013. When we finished lunch, he invited me to participate, free of charge, in one of his AIP facilitation training classes offered for a fee to social workers, facilitators, or anyone interested in AIP facilitation. It was a two-day training where I learned the philosophy, strategies, and tools used in the FSE program curriculum. After more discussion, Hank invited me to come in and observe the weekly AIP classes.

Since December 2013 (with planned stop date of May 31, 2017), I have attended a weekly AIP class exclusively for men (although the FSE program also offers classes for women) from 5:30pm to 7:00pm on Wednesdays. While other classes were offered throughout the week, I chose the Wednesday night class for two reasons. First and foremost, the day and time was judged to be convenient for my schedule and has allowed me to attend with little interruption for over three years. In addition, as a rather happy accident, Hank was originally the lead facilitator in the Wednesday night group. This was advantageous to the study of affective and trauma-

focused AIP content, because Hank and his wife, Debbie, were arguably among the vanguards of trauma-focused AIP in the United States.

As social workers, Hank and Debbie had worked in abuse intervention for over 20 years. Debbie began facilitating AIP groups in 1992, and they both facilitated AIP groups through their private counseling service, Stevens Counseling, since 1996. However, Debbie took an important role related to victim services at the state level in 2007. Thus, Debbie stopped facilitating AIP groups due to a conflict of interest. Additionally, Hank and Debbie wrote the program's original curriculum. Therefore, Hank had the most experience of all of the current staff members (facilitators and volunteers). Hank granted me the permission to conduct research at FSE with a signed formal letter of support (not included to protect site confidentiality and to protect participants involved in the program).

The Family Safety Enterprises (FSE) Program

Like most AIP in the United States, FSE used curriculum content aimed at raising awareness of perpetrators' abusive behaviors, teaching alternatives to violence, and incorporated cognitive behavioral therapy (CBT), which is designed to help participants change behaviors by retraining their thinking. The research site also operated on five basic assumptions and focus areas: (1) safety, (2) accountability, (3) attitudes and beliefs, (4) adverse feelings, and (5) tools and skills. The first three focus areas (safety, accountability, and attitudes and beliefs) and the fifth area (tools and skills) are commonly found in most, if not all, other AIP programs across the nation (e.g., Duluth Model programs, EMERGE). The fourth focus area (adverse feelings) was rather unique to the FSE research site (cf. Allies in Change, Portland, OR). These common tools and goals are discussed in greater detail in Chapter Two.

The fourth focus area (i.e., adverse feelings) made FSE different from most AIP in the United States. FSE practitioners focused on helping perpetrators heal from their own traumas through the use of a metaphorical framework called *The River of Cruelty*. The *River* was inspired by Alice Miller (1984, 2002, 2006), a clinical developmental psychologist, whose theories suggest that one does not treat others with cruelty without having first been treated cruelly oneself. Thus, *The River of Cruelty* is a model for how cruelty is transferred between individuals and across generations. The *River* symbolizes the process by which early traumas create adverse emotions (e.g., fear, sadness, shame), and without compassionate support (i.e., a helping/enlightened witness; Alice Miller, 1997), how individuals develop defense mechanisms to avoid confronting difficult emotions. The final stage in the metaphorical *River* is that defense mechanisms often involve unloading adverse emotions onto others, which pulls them into the *River* and perpetuates the cycle of cruelty. Participants in FSE's 27-week program were required to simultaneously take accountability for their cruel behaviors while healing from the cruelty that was done to them (i.e., adverse childhood experiences and gender socialization). Participants completed the program only if they successfully exhibited mastery of these two accountability requirements and, at the end of the program, they had to demonstrate their comprehension in a letter written to the survivors of their abuse (though the letters were never intended to be delivered).

Each letter needed to contain: (1) a complete list of cruelty with no minimization, denial, or blame, (2) the impact of the abuse on the victims, the children/family, and the self, (3) identification of the beliefs that justified the abusive behaviors, (4) the "shadow message," (5) and a safety plan, outlining the tools and strategies that will be employed in order to ensure the safety of self and others. The shadow message, which encompasses all of the beliefs about the

person we are supposed to become, who we *should* be, what we *should* do, and how we *should* feel, was a component of the *River of Cruelty*. In the process of learning all of these expectations, we also learn to be “angry when we are scared, happy when we are sad, or callous when we care deeply” (FSE training document, 2016). Each denial of our true feelings is motivated by the messages that keep our whole self in hiding, in the shadows. As a result, the shadow messages (e.g., “*I am weak*”; “*I am stupid*”; “*I am worthless*”) drive us to continually monitor our performance and decision making in order to either prove the message right (e.g., “*If you think I’m stupid, then I might as well act like it*”) or to make certain that the message is proven wrong (e.g., “*You won’t think I’m weak after I beat you down*”).

I quickly discovered that Pennebaker’s (1997) writing paradigm would be unproductive to test in the FSE program, because the emotionally expressive writing technique is only useful if the traumatic experiences and associated emotions are suppressed. In contrast, the curriculum design and facilitator training at FSE deliberately made the group environment a safe space for participants to openly process through both trauma and adverse emotion. Discovering the program’s progressive and unique content was unexpected, but encouraging. From my initial four months of observations in the winter of 2013-2014, coupled with further reading about the national models of AIP and how they differ from this one program, I was determined to discover a new project goal.

During my time as a participant observer at FSE, I began to learn more about the lives of the men who had perpetrated IPV. There was clear evidence of the different theories previously developed to explain IPV perpetration (i.e., sociocultural, interpersonal, and intrapersonal; Holtzworth-Munroe & Stuart, 1994). However, there was also a pattern in the lived experiences of the men in my groups that had not received much, if any, attention. This pattern was the

coincidence of prevalent adverse childhood experiences (ACES; Felitti et al., 1998) and the lacking, often absent, report of perceived social support. With the encouragement of Dr. Kunkel and my continued interest in social support systems, gendered communication, and relational aggression, I began designing a study that would help close the gap between the findings related to IPV from varied disciplinary backgrounds (e.g., psychology, masculinities, criminal justice) with social support (with fundamentally communicative constructs) as the unifying factor.

Upon further research, which is examined closely in the next section, I learned that AIP effectiveness is neither consistent nor is it very strong (Cluss & Bordea, 2011). Thus, one primary goal of the current study was to continue to search of ways in which AIP practitioners can improve the outcomes that they seek to achieve through improvement of curriculum design and facilitator training. As I previously suspected, the majority of AIP in the United States do not endeavor to process trauma and adverse emotion in their groups with IPV perpetrators. I discuss the concerns for doing so in Chapter Two. With this project, my hope was to illuminate the importance of treating the whole person in the process of interrupting abusive behaviors, so that AIP in the United States might adapt more person-centered practices (i.e., practices that acknowledge and legitimize distress and contextualize the feelings and perspective of the individual; Burleson, 1987).

FSE Program Participants

Though no one group (e.g., gender, race, age, and ethnicity) is immune to IPV victimization, and although some argue that there are signs of increasing parity among reports of male and female perpetration of IPV (see Spitzberg, 2011, for a review), many researchers continue to assert that the biological sex of IPV perpetrators is predominantly male (Black et al., 2011; Hamby, Finkelhor, Turner, & Ormrod, 2011; LaViolette & Barnett, 2014). For example,

female IPV victims responding to the National Intimate Partner and Sexual Violence Survey of 2010 (Black et al., 2011) report that, for all types of violence, the majority of perpetrators were male. Furthermore, in a study of children's exposure to IPV, males were reported to be perpetrators in 78% of IPV incidents and 88% of the most severe violence (e.g., kicking, choking, or beating; Hamby et al., 2011). Finally, the severity and lethality of violence is seen to be greatest among male IPV perpetrators with female victims, such that "women were almost three times more likely than men to be injured in intimate victimizations" (see LaViolette & Barnett, 2014, p. 5, for a review).

Males in contemporary American society are uniquely socialized in ways that are arguably violent and prone to the subjugation of the whole "Self" and non-masculine "Others" (Kimmel, 2012). The emotional, behavioral, and dyadic effects of this masculine gender socialization are of great importance to understanding men's violence against women. Thus, the focus of the current project was to gain a greater understanding of the lived experiences of men who perpetrate IPV. Specifically, the participants recruited for the current study were men who had been charged with domestic battery and/or domestic restraint and were typically court-mandated to attend the local AIP group classes.

Rationale for Project Focus

Despite the fact that AIP groups have been in existence since the late 1970s, the continued prevalence of IPV warrants continued critique and improvement of primary prevention and intervention practices and programs. In the current study, I aimed to join the conversation surrounding AIP practices by addressing a gap between theory and practice across multiple disciplines (e.g., psychology, masculinities, criminal justice). There are many predictors and correlates associated with IPV (e.g., patriarchal structures, power and control, expressive action,

face restoration, self-esteem; see Spitzberg, 2011, for a review). My interests, however, were not bound to simply one category of the explanatory model. Instead, I was interested in combining analysis of sociocultural influences (e.g., masculine culture of violence), interpersonal influences (e.g., family systems), and intrapersonal differences (e.g., attachment). Specifically, I was interested in the interactions between the male perpetrator's experience of childhood trauma, perceived social support throughout childhood, and restrictive emotionality, as the result of gender socialization and damaged attachment.

Scholars have investigated the relationships between trauma, gender socialization, and violence (discussed at length in Chapter Two), but perceived social support (i.e., a communicative construct) has not yet been closely examined in this context. Due to the communicative nature of social support, communication scholarship should aim to investigate the connections between trauma, gender socialization, and perceived social support in the context of our nation's unabated problem of IPV.

Theoretical Assumptions and Defining Terms

Adverse childhood experiences. Childhood abuse and household dysfunction (adverse childhood experiences; ACES) have been studied with astounding and consistent results. The initial phase of the ACES studies (Felitti et al., 1998) was conducted at Kaiser Permanente's San Diego Health Appraisal Clinic from 1995 to 1997 with over 9,000 participants in order to examine the longitudinal influence of childhood adversity on health and social outcomes. Research on ACES has shown that adverse experiences in childhood predict a number of negative cognitive, social, emotional, and physiological outcomes, and as the exposure to adverse experiences increases, the number of negative health outcomes and unhealthy risk behaviors also increase (Felitti et al., 1998). Data collection is ongoing through the Centers for

Disease Control, and subsequent studies have emerged locally (e.g., Kansas City's Head Start program; O'Malley, Randell, & Dowd, 2016; Children's Mercy Hospital in Kansas City; Randell, O'Malley, & Dowd, 2015) and nationally (e.g., Edwards, Anda, Felitti, & Dube, 2004; Felitti & Anda, 2010) to further examine the explanatory power of the ACES construct.

The scale used to assess ACES has endured over time. The 10-item questionnaire includes 10 categories: (1) psychological, (2) physical, or (3) sexual abuse; (4) emotional and (5) physical neglect; (6) parental separation or divorce; (7) witnessing violence against mother or stepmother; or (8) living with household members who were substance abusers, (9) mentally ill or suicidal, or ever (10) incarcerated (see Felitti et al., 1998, for development of the scale). The 10 categories cover much of the abuse and dysfunction that occurs in childhood, but they are not exhaustive.

In the current study, I examined the traumatic childhood experiences among men who have perpetrated IPV using a broader definition of trauma to include adversity in the home (i.e., the 10 ACES categories), among peers and other non-family relationships, and oppressive social norms and expectations (i.e., gender socialization). In the next section, I set the parameters of the current study terminology by highlighting the difference between dialectical terms and positive terms (Weaver, 1985). Next, I define two dialectical terms utilized in the current study: (1) trauma and (2) abuse. Then, I briefly address the limitations one creates when defining terms for social science purposes. Finally, I outline my assumptions about communicating social support that guided my project engagement.

Dialectical terms. In his book, *The Ethics of Rhetoric*, Weaver (1985) conjures Plato to counsel readers about important considerations for any social scientist. He reminds us of the fundamental difference between positive terms (e.g., tree, book, chair) and dialectical terms (e.g.,

fair, good, evil). Positive terms are signifiers for the signified existing in the plain and objectively observable world. For clarity, Weaver maintains positive terms are not debatable, at least not beyond determining the spelling and correct pronunciation, in any useful sense. However, dialectical terms “depend on something more than the external world for their significance” (Weaver, 1985, p. 188). They vary subjectively depending upon context and the attitudes, beliefs, and experiences of conversational partners. In illustration of the difference between positive and dialectical terms, he muses, “distinguishing the horse from the ass is a dialectical operation” (Weaver, 1985, p. 16). Thus, Weaver (1985) concludes, “One cannot use the dialectical term in the same manner as one uses the positive term because the dialectical term always leaves one committed to something” (p. 188). In order to avoid the mistake of treating the central terms in the current project (i.e., trauma, abuse) as if they were “positive” terms, the following sections are dedicated to the task of defining them as dialectical terms.

Conceptualizing trauma. The American Psychological Association defines trauma as “an emotional response to a terrible event like an accident, rape, or natural disaster” (APA, 2016). Ostensibly, the parameters for adversity in childhood from the ACES studies do not measure terrible events such as accidents or natural disasters. Instead, the ACES research focuses primarily on events occurring in the home of the child (e.g., Felitti et al., 1998). I argue in the present study that the effects of non-familial trauma (i.e., accidents, disasters, gang membership, bullying by peers, ridicule, public shaming, and so on) should be considered as equally problematic with regard to the emotional, cognitive, and social development of a child. Furthermore, as stated above, the process by which young boys are socialized to become *real men*, is also problematic. Thus, in the current study, I employed a simple, yet broad, definition of trauma as “a disordered psychic or behavioral state resulting from severe mental or emotional

stress or physical injury” (Merriam-Webster, 2015). With this definition, I proceeded with the assumption that ACES, non-familial traumatic events (e.g., natural disasters, bullying by peers), and gender socialization should all be considered traumas and of equally serious concern, warranting consideration.

Conceptualizing abuse. The Centers for Disease Control and Prevention (CDC, 2015) defines intimate partner violence (IPV) as “physical, sexual, or psychological harm by a current or former partner or spouse” (n.p.). Despite this broad definition, abuse in a relationship (i.e., domestic violence) is often constrained to be understood as physical abuse. A recent study of abuse narratives within IPV survivor support groups, women’s diverse experiences with IPV strongly support the need to expand our understanding of abusive behavior (Guthrie & Kunkel, 2015). In many of my interactions, observations, and interviews with men who were charged with domestic battery and/or restraint, they struggled in the early weeks of the program to reconcile their belief that an abuser “*puts hands on*” his partner. Time and time again, participants vehemently rejected the notion that they belonged in the abuse intervention program, citing claims that they never *touched* their partner.

Similarly, participants tended to initially reject the idea that they were abused in their childhood. For example, when talking about discipline (i.e., a method of teaching self-control, often by modelling) versus punishment (i.e., the use of coercive tactics to impose consequences for “bad” behavior), men frequently listed all manner of punishments (e.g., standing in the corner for hours, getting hit with a variety of objects: coat hangers, branches from trees or “*switches*,” belts, shoes, electric cords, “*whatever was nearby*”). However, men consistently claimed that it was not abuse, because they “*deserved it*” or they were “*a really bad kid*.” Many also argued their parents punished them, because they loved them; it was the only way to teach them right

from wrong. Alice Miller (1984) wrote, in *Thou Shall Not Be Aware*, of the injuries that children have had to endure only to be met with blame and denial when they find the courage to speak out against those who injure them:

We have been taught to respect those in authority and to protect them from any criticism and at the same time “educate” those who are weak and helpless and dependent. This is what we have come to expect. One of the Ten Commandments says, “Honor your father and your mother...that it may go well with you...”; nowhere does it say, “Honor your children so that they will be able to honor others as well as themselves.” As a result, victimized children in our society must contend with the knowledge that they will not be protected but will be blamed and humiliated while those who abuse them will be defended. (pp. 317-318)

Thus, men participating in AIP groups wrestled with becoming aware of their early experiences of abuse and struggled to accept that they could simultaneously love and respect their parents, while acknowledging that they may have been abused by them.

As mentioned above, the practitioners at FSE operated under Miller’s (2002) theory that one does not treat others cruelly without having first been treated cruelly by others. Thus, the *River* metaphor outlines the process of acquiring adaptive, and often maladaptive, skills in order to survive the cruelty that has been experienced. Once thrown into the *River*, the forceful flowing nature of the patterns of cruelty will continue from generation to generation. At FSE cruelty was defined as both “the blatant disregard for another person” and “the intentional infliction of harm.” Violence was defined as “any behavior with the intention to create fear.” Finally, abuse was defined as “imposing one’s will upon another” and, therefore, encompasses both violence and cruelty. Thus, upon learning the programmatic definition of these terms, most men began to

discover that they were simultaneously survivors of abuse and perpetrators of abuse. The current study defined abuse using FSE's programmatic definition and identified any messages or behaviors that appeared to "impose one's will upon another" as abusive (both in listening to men's childhood narratives and in listening to men's narratives about their own perpetrated violence).

Communicating social support. We are fortunate to have a large multidisciplinary body of research dedicated to understanding the factors and effects of social support. Burleson and MacGeorge (2002) define supportive communication as "verbal and nonverbal behavior produced with the intention of providing assistance to others perceived as needing that aid" (p. 374). However, social support cannot be defined so simply.

Over the many decades of social support research, it has become widely acknowledged that there are many challenges to studying such a multidimensional construct (Sarason & Sarason, 2009; Vangelisti, 2009). Sarason and Sarason (2009) caution researchers to be aware of the pitfalls of defining features of social support without concerns of dimensional relevance to the outcome. This means that in order for the method of study to have validity, "Researchers need to specify for themselves which aspects of social support are of particular interest to them, the outcomes that are most pertinent, and the methods most likely to establish the validity of their construct" (Sarason & Sarason, 2009, p. 119). Despite cautionary considerations, Sarason and Sarason (2009) strongly believe in the power of social support:

Social support is not simply something done for someone. It occurs in interpersonal transactions that include recipients and providers and their feelings and cognitions. The sense of belongingness and personal meaning seen in life may have to be part of the agenda in the overall effort to conceptualize social support. One of the reasons social

support is such an important feature of life is that, while how it is expressed might change, feelings of acceptance, belongingness, and being valued by others stay with us all our lives. (p. 120)

In Chapter Two, I address the differences in conceptualizing and operationalizing three broad areas of social support: (1) social embeddedness, (2) perceived social support, and (3) enacted support. I also highlight different types of social support resources: (1) emotional support, (2) cognitive support, and (3) material support. The reason for my broad strokes in defining so many dimensions of social support construct is that I believe there are benefits and challenges for IPV perpetrators in more than one area of social support. Thus, in the current study, I aimed to interrogate the men's experiences with social support in their childhood and in the weekly AIP groups as adults. In order to accomplish this task, I collected and analyzed men's reports of the availability and quality of their social ties, perceived social support, and the various types of social support resources (i.e., emotional, cognitive, and material) they received. My purpose was to examine the men's social support landscape in order to better understand their social and communicative journey from adversity through intervention.

Summary of Chapter One

I believe communication scholarship has a unique perspective to contribute to the conversation regarding IPV, an important social problem. Using a communicative perspective, the current study addressed issues regarding trauma-focused AIP design and the inclusion of adverse feelings as a focus area. The study also examined the intersections between childhood trauma, perceived social support, and the perpetration of IPV in adulthood among men who have been charged with domestic battery and restraint and who were court-mandated to attend classes at a local AIP.

Preview of Subsequent Chapters

In Chapter Two, I present a literature review, in which I argue that research across disciplines gives reason to believe that there are important connections between trauma, gender socialization, communicating social support, and the perpetration of IPV to consider when looking for ways to intervene. Furthermore, I outline the historical development of abuse intervention programs in the United States. In addition, I offer research questions that drove this dissertation project. In Chapter Three, I outline the methods and procedures that helped me to answer my research questions. In Chapter Four, I provide the results from my analysis of the data. In Chapter Five, I offer an interpretation and discussion of the results along with a conclusion of the overall research project, including theoretical implications, practical applications, and limitations. Finally, Appendices are offered at the end of the document to provide reference for study materials and university internal review board approval.

Chapter Two: Review of Literature

Chapter One introduced the need for furthering our understanding of the lived experiences of intimate partner violence (IPV) perpetrators, especially males. Research on this topic and with this population can be achieved through gaining access to sites where abuse intervention takes place (i.e., abuse intervention program groups). The current study's methodological approach is presented in Chapter Three.

In the following sections, I address the literature supporting the current project's focus. The first area of focus reviews the intersections of trauma and communicating social support. First, I outline the traumas that are commonly experienced by male perpetrators of IPV, the related social influences, and the emotional, cognitive, and social consequences. Then, I define and describe the broad areas and types of social support, which I argue are important in understanding the social and psychological conditions of an IPV perpetrator. I conclude my overview of these phenomena with the study's first two research questions.

The second area of focus addresses abuse intervention program (AIP) practices and interrogates the current concern for integrating trauma-focused programming in AIP curricula design. First, I briefly describe the history and development of current AIP philosophies, goals, and tools. Then, I outline the potential benefits of trauma-focused intervention in AIP groups. Finally, I summarize the current concerns regarding the implementation of trauma-focused intervention for perpetrators of IPV. The chapter concludes with the third research question addressed by the current study.

The Trauma of Masculine Gender Socialization

In order to understand the social and psychological trauma of an abusive male, it is first important to understand the trauma experienced by all males in varying degrees through the rise

of contemporary masculine gender socialization. According to scholars (Katz, 2006; Kimmel, 2012; Kuchta, 2002), contemporary masculine ideals originated in our recent past, beginning with the need to differentiate the American man from his British counterparts. Thus, our early understanding of masculine rhetoric begins with early American history.

Rhetoric at the time of the American Revolution bombarded American men with messages maligning British men as feminized dandies, who were more concerned with their outward vanities than with the virtues and strengths within a real man (Kimmel, 2012). According to Kuchta (2002), these divisive messages began even before the war: “since 1666, male gentility has been associated with modesty and plainness in dress. Eschewing fashion as an increasingly feminized realm” (p. 2). American revolutionaries ridiculed British aristocracy and criticized its vice-laden luxuries and effeminacy, while championing the rugged manliness of the new West. Kimmel (2012) also notes that while this rhetoric helped free American men from the grasp of British rule, the powerful images and associated costs and benefits also began to construct a new masculine ideal. The “Self-Made Man” is hard-working, meritorious, and capable of changing his rags into riches (a fundamental component of American values; Kimmel, 2012, p. 20). In addition to the qualities of the “Self-Made Man” that helped to rebuild America, this new masculinity imposed increasing demands on how a *real man* ought to carry himself in the public sphere.

The constant public test of adherence to masculinity surrounds men, much like Foucault (1978) observed the powers of social structures enacting control of the body, social pressures subsume men with watchful judgment and self-surveillance. Kimmel (2012) observes the scrutiny that surrounds men: “From fathers and boyhood friends, to our teachers, coworkers, and bosses, it is the evaluative eyes of other men that are always upon us, watching, judging” (p. 20).

It must be noted, however, that men and boys are not alone in scrutinizing masculinity. As hooks (2000) aptly observes, “all of us, female and male, have been socialized from birth on to accept sexist thought and action” (p. viii). Thus, it must not be forgotten that, if left unchecked, we all play a part in holding men to rigid gender role expectations.

Before the beginnings of feminist deconstruction of gender in the 60s and 70s, a standard array of masculine traits dominated the American landscape (Levant & Richmond, 2007). At the time, David and Brannon (1976) outlined four main categories of traditional masculine norms that had developed out of the American Revolution and continued through the twentieth century. The first expectation of the masculine man was to eschew all feminine traits and behaviors (i.e., “no sissy stuff”). The second expectation was that masculine men should be successful and self-made (i.e., “the big wheel”). The third expectation was that a truly masculine man shows no weaknesses (i.e., “the sturdy oak”). Finally, the fourth expectation for men was that masculinity entails adventure and risk, often fetishizing and justifying violence as a means to an end (i.e., “give ‘em hell”). This typology accompanied a shift in paradigms in which previous beliefs about the innate psychological need for gender role identity was abandoned for a constructionist view of gender as “relational, socially constructed, and subject to change” (Levant, 1996, p. 260). With this new perspective, “masculinities” as a field of social scientific study found its beginnings (Levant & Richmond, 2007).

Restrictive emotionality and correlates. The emergence of masculinities as a field of study was no coincidence to the concomitant rise of women’s studies in the mid- to late-twentieth century. Feminist scholars were actively dismantling the hegemonic structures that placed men in a position of the normativity against which all other persons were judged. Scholars studying masculinities, in turn, began to examine masculinity, “not as a normative referent, but

rather as a complex and problematic construct” (Levant, 1996, p. 259). They sought to understand the psychology of masculine men and associated behaviors of gender socialization.

Among the many different approaches to studying male gender socialization, O’Neil, Helms, Gable, Davis, and Wrightsman (1986) focused on the difficulties that men face when expectations for the male gender role create a discrepancy; the concept on which they focused their work is called “gender role conflict” (GRC). According to O’Neil (2008), GRC is a concept that has informed psychological research and clinical practice for over 30 years. GRC is defined as “a psychological state in which socialized gender roles have negative consequences for the person or others” ultimately preventing the person from obtaining full humanity (O’Neil, 2008, p. 365). GRC acknowledges the overarching standard for male socialization is for men to be afraid of appearing feminine, and it is associated with four domains of conflict: (1) success, power, and competition; (2) restrictive emotionality; (3) restrictive affectionate behavior between men; and (4) conflict between work and family relations (O’Neil, 2008). Of interest to the current project, restrictive emotionality is defined as “having restrictions and fears about expressing one’s feelings as well as restrictions in finding words to express basic emotions” (O’Neil, 2008, p. 367).

In O’Neil’s (2008) review of GRC research, he summarizes major *intrapersonal* findings: restrictive emotionality has been statistically linked to depression, anxiety, low self-esteem, stress, and increases in alcohol and substance abuse. *Interpersonally*, restrictive emotionality is significantly associated with relationship dysfunction and has been statistically linked to hostile and rigid exchanges, lack of interpersonal competence and closeness, and challenges to intimately self-disclose (O’Neil, 2008). Further research suggests that restrictive emotionality is related to men’s physically aggressive behavior (Cohn et al., 2009; Cohn et al., 2010).

To date, the most productive line of research regarding masculine gender role, and its associated behaviors, has involved a scale that measures male role norms in combination (Levant & Richmond, 2007). This scale is called the Male Role Norms Inventory (MRNI; Levant et al., 1992). The MRNI was developed in response to issues of construct validity in the Brannon Masculinity Scale, one of the first instruments to be used in studies of traditional masculine gender roles (Levant & Richmond, 2007). The MRNI measures seven norms of traditional masculinity: (1) avoidance of femininity, (2) fear and hatred of homosexuals, (3) self-reliance, (4) aggression, (5) achievement and status, (6) non-relational attitudes toward sex, and (7) restrictive emotionality (Levant & Richmond, 2007). Levant and Richmond's (2007) review of research using the MNRI shows that the endorsement of traditional masculine ideology is positively associated with predictive and retrospective reports of sexual aggression, relationship violence among male college students, alcoholism among male college students, and alexithymia.

Alexithymia, a clinical term, was designed to diagnose individuals with emotional difficulties who are predominantly male and typically suffering from post-traumatic stress disorder (Levant et al., 2006). Controlling for demographic variables, the MNRI accounted for significant variance in alexithymia in men, suggesting that the endorsement of traditional masculine norms is directly related to impediments in communicating emotions. Upon further investigation, Levant et al. (2003) found restrictive emotionality to be positively associated with alexithymia. Levant et al. (2006) reasoned that boys are socialized from early childhood to restrict emotional displays, and violations of traditional gender norms are met with punishment in the form of ridicule and rejection. Thus, what may have originated as a rebellion against British rule, in para-Revolutionary rhetoric, evolved into a suppression of femininity and,

consequently, more than half of men's full range of human emotions (Minor, 2001). Expressive suppression, explicated below, is another way of conceptualizing restrictive emotionality once gender norms become a part of one's emotional regulation toolbox. The next section outlines the negative effects of expressive suppression.

Expressive suppression and correlates. Expressive suppression is a form of emotion regulation, which is any attempt, conscious or not, to alter responses to emotional stimulation (Gross, 2001). There have been two distinct points of interest in the study of emotion regulation: antecedent-focused emotion regulation (e.g., cognitive reappraisal) and response-focused emotion regulation (e.g., expressive suppression; Gross, 2001). Cognitive reappraisal, just one type of antecedent-focused strategy, refers to the act of reframing one's perspective regarding an emotion-eliciting experience and occurs before the emotion is felt (Gross, 1998). In contrast, expressive suppression, one of the few response-focused strategies, refers to diminishing the expression of an emotional response once the emotional reaction is already underway (Gross, 1998).

In much of the work aimed at investigating these two types of regulation, affect inducing films (Gross, 1998; Gross & Levenson, 1993, 1997) and slides (Richards & Gross, 2000) have been used to manipulate exposure to emotional stimuli. As a result of these empirical studies, we now have evidence that emotion regulation strategies (i.e., reappraisal and suppression) have different affective, cognitive, and social consequences (Gross, 2001). Specifically, reappraisal has been found to be effective at not only diminishing the behavioral expression of an emotion (e.g., facial displays), but reappraisal also diminishes the internal experience of an emotion (Gross, 1998; Gross & Levenson, 1993, 1997). Expressive suppression, however, has been effective in reducing only the expression of an emotion, not the experience of it (Gross, 1998;

Gross & Levenson, 1993, 1997). This means that individuals who successfully alter their outward expression of an emotion remain susceptible to the emotion's inward effects. In other words, a man who successfully suppresses his display of so-called feminine emotions in order to escape social scrutiny or, perhaps, enjoy the social benefits of modern masculinity, does not eliminate the internal suffering with which sadness, fear, or shame are associated.

Researchers (Eisenberg, Fabes, Guthrie, & Reiser, 2000; Okun, Shepard, & Eisenberg, 2000) claim that emotional regulation is a necessary developmental skill that promotes prosocial behavior. However, other researchers argue that the suppression of emotion is related to psychological (Moore, Zoellner, & Mollenholt, 2008; Segal, Tucker, & Coolidge, 2009) and physical (e.g., Pennebaker & O'Heeron, 1984; Pennebaker et al., 1990) illness. Gross and Levenson (1997) suggest that the physiological effects of suppressing emotions (i.e., increases in skin conductance and sympathetic activation of the nervous system) stem from the incongruence of imposing restraints on oneself while feeling the natural impulse to fully express. Individuals who suppress emotions have also been found to be more likely to experience issues with lower life satisfaction, decreased self-esteem, and lessened overall well-being (Gross & John, 2003). These correlates of expressive suppression align well with the correlates of restrictive emotionality mentioned above. One further detriment to individuals who suppress emotions, Gross and Levenson (1997) propose, is that increases in sympathetic nervous system responses (e.g., reduced heart rate) can potentially reduce cognitive functioning.

Richards and Gross (2000) reasoned that expressive suppression requires constant cognitive resources in order to effectively self-regulate, making it difficult to attend to additional information. Gross and John (2003) found that suppression, requiring high levels of cognitive effort, was significantly related to decreased awareness and clarity regarding mood and

emotional states. In addition, individuals who suppress are more likely to ruminate (i.e., “focusing on one’s self, one’s symptoms, and the causes and consequences of one’s mood”; Gross & John, 2003, p. 353). In sum, Gross and John (2003) assert that continued suppression may lead to longer periods of negative emotion because individuals who suppress are unable to: (1) recognize the mood they are in and (2) do anything to effectively change the situation.

It is worthwhile, at this point, to return to the current project’s definition of trauma, which is “a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury” (Merriam-Webster, 2015, n.p.). Clearly, boys and men struggle with the stress of performing gender with restrictive emotionality, leading to disordered psychological, physiological, cognitive, behavioral, and interpersonal consequences. Thus, in the current study, I considered the social cost and coercion involved in the promotion of masculine emotional restriction, and the negative inter- and intrapersonal effects as fundamentally traumatic. To some degree, all boys experience this trauma. Although *all* boys are exposed to the social influence of masculine gender socialization, *most* men do not perpetrate IPV (Spitzberg, 2011). However, it is extremely important to recognize the widespread influence of gender socialization trauma on the violent male.

There are many predictors and correlates associated with IPV (e.g., patriarchal structures, power and control, expressive action, face restoration; see Spitzberg, 2011, for a review). However, the endorsement of the traditional masculine gender role (e.g., powerful, successful, daring, sexually dominant, and aggressive; Kimmel, 2012) is often associated with men’s violent behaviors (Katz, 2006; Malamuth & Thornhill, 1994; Muehlenhard & Falcon, 1990). This suggests that for a man who has perpetrated IPV, the influence of gender role socialization is

likely to be much greater than for the average man, and it cannot be ignored when attempting to understand the social and psychological condition of IPV perpetrators.

In addition to the trauma of gender socialization, there are many more commonly recognized traumas that are known for their prevalence among abusive males. The following section details the more commonly held notions of trauma within the context of adverse childhood experiences (ACES).

Adverse Childhood Experiences (ACES)

The Adverse Childhood Experiences study (ACES; Felitti et al., 1998; Edwards et al., 2004) provides evidence that childhood abuse and household dysfunction predict a number of negative cognitive, social, emotional, and physiological outcomes (e.g., alcoholism, drug abuse, depression, sexually transmitted diseases, obesity). The categories measured by ACES studies include: (1) psychological, (2) physical, or (3) sexual abuse; (4) emotional and (5) physical neglect; (6) parental separation or divorce; (7) witnessing violence against mother or stepmother; or (8) living with household members who were substance abusers, (9) mentally ill or suicidal, or ever (10) incarcerated.

ACES and Intimate Partner Violence (IPV). Clinical and empirical research from a variety of disciplines has established connections between adverse childhood experiences (ACES) and violence perpetration (e.g., Athens, 2015; Lisak & Beszterczey, 2007; Miller, 2006). For example, Else, Wonderlich, Beatty, Christie, and Stanton (1993) found that abusive participants were more likely than non-abusive participants to have experienced physical and emotional abuse as children. Lisak, Hopper, and Song (1996) found that 70% of all perpetrators in their study reported experiencing either physical or sexual child abuse, or both. Additionally, Lisak et al. (1996) found moderate correlations between the severity of childhood abuse

experienced and the severity of adult violence perpetrated, suggesting that the more severe one's experience of childhood abuse, the more severe their perpetration of violence in adulthood. Furthermore, in 2007, research psychologists Lisak and Beszterczey collected 43 social histories from death row inmates through direct contact with the inmates' attorneys. The life experiences of these men revealed a strong negative influence of childhood abuse and neglect on cognitive and behavioral development and transitions into adult relationships. Though Lisak and Beszterczey (2007) do not claim a direct relationship, they conclude that ACES are linked in a disastrous and sequential chain of events involving unstable family environments and intergenerational substance abuse. Lisak and Beszterczey's (2007) largest caveat is that their sample consisted of convicted murderers, and we should not conclude that if it is true of their life histories, then it is true of others with less extreme acts of violence.

However, criminologist Lonnie Athens (2015) argues that a "dangerous violent criminal" is created through the process of, what he calls, "violentization." According to Athens (2015), violentization begins with brutalization, which includes "violent subjugation, personal horrification, and violent coaching" stages in which children and young adults begin to learn about their devalued place in the world and the usefulness of violence (p. 630). Similarly, developmental psychologist, Alice Miller (2002, 2006), has demonstrated through clinical observation, that one does not treat others cruelly unless they were once treated cruelly themselves. In Miller's (2002) chapter outlining the effects of parent's cruel treatment of children, such as giving children over to political factions so they may be raised up and trained to become terrorists, she makes the compelling observation that their violent acts later in life are "an example of the unrelenting, tragic nature of the unconscious compulsion to repeat" (p. 66).

Research has also shown witnessing the abuse of one's mother or stepmother in childhood is closely related to subsequent violence and aggression (e.g., Abrahams & Jewkes, 2005; Lorber & O'Leary, 2004). For instance, with an Iranian sample, Pournaghash-Tehrani and Feizabadi (2009) found that witnessing IPV among caregivers and one's own victimization in childhood can significantly predict specific types of physical (i.e., hitting, strangling, pulling hair, threatening to use a knife) and psychological (i.e., cursing, stonewalling, withholding sex, retaliation) violence. Specifically, witnessing violence could most strongly account for hitting ($R^2 = .40$) and cursing ($R^2 = .32$), whereas abuse victimization could most strongly account for strangling ($R^2 = .32$), cursing ($R^2 = .44$), and stonewalling ($R^2 = .32$).

The array of abuse categories is limited, however, in the search for linkages between childhood adversity and adult perpetration of violence. Typically, and notable in the above mentioned empirical studies, childhood traumas linked to adult perpetration of violence is often limited to physical and sexual abuse victimization and witnessing the abuse of a mother or stepmother (i.e., "The Big Three" traumas). Despite the array of childhood adversity categories available in the ACES study measure and the original wave of ACES data collection (Felitti et al., 1998), even the later analysis of ACES data (Whitfield et al., 2003) designed to predict the association between ACES and adult IPV perpetration, was also limited to only three out of 10 ACES categories (i.e., The Big Three traumas: physical and sexual abuse victimization and witnessing the abuse of a mother or stepmother). The results of the Whitfield et al. (2003) study revealed a significant association between The Big Three traumas and the risk for adult perpetration of violence. Furthermore, Whitfield et al. (2003) found that the relationship between ACES and risk for adult perpetration among men increases to 70% as the number of violent experiences in childhood increases.

Clearly, this and other studies across multiple disciplines fail to fully address the scope and prevalence of childhood adversity among men who perpetrate IPV. This is problematic, because AIP practitioners question the prevalence of trauma among perpetrators. Though some (e.g., Dutton & Corvo, 2006) argue the need to differentiate AIP interventions based on different motivations for violence, advocates of the oppression model (e.g., DAIP research specialists, Paymar & Barnes, 2007) reject the notion that childhood experiences should influence intervention practices. Paymar and Barnes (2007) argue:

Although there is much of value in mental health theories that can assist the healing of victims and perpetrators alike, we do not see men's violence against women as stemming from individual pathology, but rather from a socially reinforced sense of entitlement. We believe that the beliefs and attitudes possessed by men who batter can be changed through an educational process. (pp. 4-5)

Yet, there is a distinct and undeniable connection between childhood adversity and adult perpetration, and simply addressing patriarchal beliefs and attitudes will not interrupt the process of violentization spurred by unmitigated childhood trauma. If a fuller understanding of prevalence of trauma among IPV perpetrators can be demonstrated through an investigation of their lived experiences, then it is possible that practitioners who reject the influence of individual pathologies reconsider the potential for using trauma-focused strategies for AIP intervention. In an attempt to broaden our understanding of the prevalence of childhood adversity within this population, the following research question was addressed in the current study:

RQ1: What types of childhood adversity have men who have perpetrated intimate partner violence experienced?

ACES and attachment. One explanation for the strong relationship between ACES and negative health and interpersonal outcomes is that childhood abuse and household dysfunction contribute to adverse feelings such as anxiety and sadness that motivate children to seek out sometimes maladaptive coping mechanisms (i.e., a way in which a child attempts to adapt to adverse experiences; e.g., smoking, drug use, isolation; Felitti et al., 1998). Swopes, Simonet, Jaffe, Tett, and Davis (2013) tested the relationship between ACES and adult perpetration of violence with post-traumatic stress disorder (PTSD) symptomology (e.g., heightened emotional arousal) as a mediating factor. In their study, Swopes et al. (2013) found statistical significance in the proposed indirect relationship, such that PTSD symptom severity can partially explain the influence of ACES on aggression. Their findings also indicate that males experiencing childhood trauma who develop low self-regulation (i.e., a skill that inhibits violence) may be more at risk for adult perpetration. This research is in alignment with what we know about childhood trauma and attachment.

A healthy attachment to caregivers provides children with a sense of security and connectedness and is considered to be a foundational prerequisite to psychological health (Bowlby, 1969; Haven & Pearlman, 2004). Attachment, first defined by Bowlby (1969), is a “lasting psychological connectedness” characterized by a sense of security (p. 194). Bowlby’s original development of attachment theory involved parent-child relationships in which psychological capacities, such as the ability to regulate emotional intensity and maintain healthy self-esteem, gradually develop with healthy early attachments (Bowlby, 1969; Haven & Pearlman, 2004). A damaged attachment, which occurs when the bond between a parent and child is not successfully developed or is strained in some way, can lead to negative outcomes such as decreased sense of security and self-esteem, disruptions in psychological development

(e.g., emotional dysregulation), and maladaptive coping mechanisms (e.g., substance abuse; Haven & Pearlman, 2004). When attachment is damaged by trauma (e.g., childhood abuse and household dysfunction), dissociation is an all too common coping mechanism.

According to Haven and Pearlman (2004), “dissociation is a process in which an individual’s awareness of various aspects of personal experience is not integrated” (p. 223); this separation of self from experience allows the child psychological survival in spite of bodily harm. Janoff-Bulman (1989) applies the schema construct in order to better understand the effect of trauma on our assumptive worlds (i.e., set of beliefs and assumptions about the world that allows individuals to function within it). Janoff-Bulman (1989, p. 115) asserts that schemas “enable us to recognize the congruence, incongruence, or irrelevance of data,” but with significant biases toward our own view of the world, lead us to discount or misperceive incongruent data. Events that are not assimilated into one’s cognitive schema are thought to remain more present in one’s consciousness (Pennebaker et al. 1990). This means that we tend to ruminate on unassimilated (i.e., traumatic) events, which can have undesirable and often undetected influence (Pennebaker, 1997).

When attachment figures (i.e., central caregivers in childhood) are responsible for the childhood abuse or household dysfunction, then the above mentioned psychological capacities are not sufficiently developed in the child (Haven & Pearlman, 2004). In adulthood, a man with insecure attachment may be fraught with the fear that his attachment figure (e.g., a romantic partner) will abandon him or harm him. Scholars (Babcock, Jacobson, Gottman, & Yerington, 2000; Dutton, Saunders, Starzomski, & Bartholomew, 1994) have explored violent husbands and their attachment styles and found that violent husbands are more likely to have insecure

attachments. According to Dutton et al. (1994), this suggests “an assaultive male’s violent outburst may be a form of protest behavior directed at his attachment figure” (p. 1368).

As I argued earlier in this chapter, we would be remiss if we did not consider the presence of trauma during childhood when interrogating the perpetration of IPV in adulthood. Additionally, taking trauma as an inevitable part of life for many individuals, we must consider that which might mitigate the effects of such trauma (i.e., social support). To my knowledge, we know a great deal about the benefits of social support in general, but we know little about social support as it relates to perpetrators of IPV. Thus, the current study aimed to better understand the perceptions of social support among male perpetrators of IPV. The following section outlines the nature of social support with consideration for three broad areas of social support definitions (i.e., social embeddedness, perceived social support, and enacted support), psycho-social implications, and brief definitions of three types of social support resources (i.e., emotional, cognitive, and material). The current study’s second research question is also presented.

Communicating Social Support

Researchers need to approach the study of social support with an understanding of its breadth and conceptual diversity. Cutrona (1996) offers a helpful observation for understanding social support, such that “All definitions of social support are based on the assumption that people must rely on one another to meet certain basic needs” (p. 3). Nonetheless, we cannot understand social support through a single model; instead, researchers have developed more precise language and measurements to grasp the largess of social support phenomena (Barrera, 1986). In order to reign in the ever-growing field of study, Barrera (1986) organized social support concepts into three broad areas: (1) social embeddedness, (2) perceived social support, and (3) enacted support.

Social embeddedness. Social embeddedness is one's sense of community or the degree of one's interconnectivity within a social network. In Barrera's (1986) review of the literature, he outlines the different relationships that make up one's community: marital partners, membership in community organizations, siblings, and friends. Though the simple existence of such relationships is not considered a direct measure of social support, it is believed that a greater number of social relationships hold the potential to offer a greater number of social support resources (Cutrona, 1996). For example, with regard to marital partners of cancer patients, Dakof and Taylor (1990) found 30% of their respondents reported the mere physical presence of their spouse was helpful. Similarly, Berkman and Syme (1979) found a greater number of social network ties to be negatively and significantly related to illness and mortality. However, it is also possible that traumatic events may disrupt the connection between available social ties and social support resources offered.

There are many ways in which the nature of the crisis or the quality of the social relationship may violate our expectations for the benefits of social connectivity (Burlison & MacGeorge, 2002). Dunkel-Schetter and Wortman (1982) suggest that victimizing events can profoundly influence potential and actual social support transactions. Dunkel-Schetter and Wortman (1982) posit that such events often create conflicting reactions in significant others: first, feelings of fear and aversion; and second, beliefs that appropriate behavior toward a victim requires maintaining a cheerful, optimistic facade. They further suggest that the conflict between these reactions may produce ambivalence toward the victim and anxiety over interacting with him or her. Consequently, significant others may: (1) physically avoid the victim, (2) avoid open communication about the victimizing event (e.g., cancer) and its consequences, or (3) engage in forced cheerfulness or minimization of the victim's circumstances. As a result, the victim may

feel rejected or abandoned by loved ones. Furthermore, there has been a consistently low correlation between social network measures and individuals' perceptions of support (Cutrona, 1996). This means that *feeling* supported is not guaranteed simply because one is connected to many people.

Perceived social support. Perceived social support is the perception that there are people in one's social network available to provide support. Barrera (1986) states perceived social support, "characterizes social support as the cognitive appraisal of being reliably connected to others" (p. 416). With regard to perceived support, there are two dominant dimensions involved in its measurement: (1) availability and (2) adequacy of supportive ties. When measuring perceived social support, the aim is not to count the number of social ties. Instead, researchers attempt to measure "individuals' confidence that adequate support would be available if it was needed or to characterize an environment as helpful or cohesive" (Barrera, 1986, p. 417).

Much research (e.g., Cohen & Wills, 1985) has shown that the perception of social support is an important protective measure against stress and negative health outcomes. This is known as the "buffering" effect, in which perceived social support tends to disrupt the link between stressor and the related distress. There is also evidence to suggest that social support has a direct effect on individual health (Sarason, Sarason, & Pierce, 1994), in which a person's perception of ongoing support is related to a generally higher level of overall health and wellness.

Enacted support. Enacted (or received) social support is the presence and/or receipt of helpful acts or resources (Barrera, 1986; Goldsmith, 2004). Typically, measurements of enacted support involve retrospective self-reports, asking individuals to recall what actions were performed by others to help them during a specific period of time. Barrera (1986) argues that

such reflections may blur the lines between perceived support and enacted support, and he suggests that behavioral observations offer better measurement of enacted support.

Types of social support resources. Jacobson (1986) outlined three types of social support: (1) emotional, (2) cognitive, and (3) material. *Emotional support* refers to behavior that “fosters feelings of comfort and leads an individual to believe that he or she is admired, respected, and loved, and that others are available to provide caring and security”; *cognitive support* refers to “information, knowledge, and/or advice that help the individual to understand his or her world and to adjust to changes within it”; and *material support* refers to “goods and services that help the individual to solve practical problems” (Jacobson, 1986, p. 252).

It stands to reason that perceived emotional support would buffer the intensity of adverse feelings and the assault on one’s self-worth that occurs as a result of abuse and dysfunction. Folkman and Lazarus (1985) suggest coping with stress requires continuous appraisals and reappraisals. Specifically, emotional support is intended to produce cognitive reappraisals in which individuals attempt to change features of threatening or stressful events or the context in which they occur (i.e., problem-focused coping), or it can change one’s emotional reaction to the event (i.e., emotion-focused coping; Folkman & Lazarus, 1985; see Burleson & Goldsmith, 1998 for a review). Also helpful, perceived cognitive support should help mitigate the fractured self (i.e., dissociated from experience) by providing assistance in reframing the effect on one’s worldview. Thus, cognitive support should offer the dissociative self a chance to reconcile the events that violate his or her assumptive world. Successful emotional support has been found to contribute to psychological adjustment, self-esteem, a sense of social inclusion, and overall life satisfaction (see Burleson, 2003, for a review).

Regardless of support type, it is apparent that putting trauma experiences into words helps individuals organize their thoughts and give the traumatic experience meaning (Pennebaker & Beall, 1986). Whether written or spoken, it is clear that putting trauma into words helps individuals to cope with the cognitive burden associated with unassimilated experiences. As such, Felitti and Anda (2010) found that individuals who scored high on the ACES questionnaire found a great sense of relief and acceptance when speaking openly to an experienced professional who did not offer judgment (e.g., a counselor). Additionally, from years of clinical observations and interactions with victims of childhood trauma, Alice Miller (2007) argued the importance of a helping (or “enlightened”) witness, who is someone with whom you can share adverse feelings without fear of reproach. Babcock, Roseman, Green, and Ross (2008) also found social support to be a protective factor for survivors of intimate partner violence (IPV), successfully buffering the effects of IPV and acting as a moderator between the abuse and post-traumatic stress disorder (PTSD). Babcock et al. (2008) suggest that women who do not have supportive social networks, and who are experiencing abuse, are at greater risk for PTSD symptomology, which Swopes et al. (2013) have shown to be predictive of aggressive behavior.

Although we may recognize the potential benefits of social support for trauma survivors, it is not always so simple for individuals to acquire support networks or support resources. Hobfoll (1985) emphasized a potential roadblock to obtaining social support resources, citing social skills as requisite for problem solving and resource seeking:

Thus, individuals who perceive the need for social support must feel enough self-esteem to assert their needs and feel that they are deserving of social support (e.g., love, affection, help). Following this they must have the social skills to translate this set of perceptions about their environment and themselves into effective behavior. (p. 403)

Also, there are events and experiences perceived as shameful or stigmatized that may make it socially undesirable to seek support; some traumas are too difficult to discuss openly with others (Pennebaker, 1997).

With the prevalence of childhood adversity among IPV perpetrators and the negative cognitive, emotional, and social effects of such trauma, it begs the question whether social support resources are available to such individuals or if they possess the skills required to assert their needs in order to obtain support (Hobfoll, 1985). For this reason, I endeavored to examine availability and quality of social ties, types of support (i.e., emotional, cognitive, and material), and support messages from the individuals' reflection of perceived support. Given the broad nature of this inquiry, a second research question was addressed in the current study:

RQ2: How do men who have perpetrated intimate partner violence perceive social support during childhood?

Understanding the prevalence of childhood adversity among IPV perpetrators and how they perceive social support may help to continue working toward the goal of reducing IPV for future generations. However, the eventual application of such research may be hindered by common ideological opposition to trauma-focused intervention. The following sections address common AIP philosophies, goals, and tools, the current concerns preventing the widespread implementation of trauma-focused intervention, and the potential benefits of trauma-focused intervention.

History of Abuse Intervention in the United States

The existence of abuse intervention programs (AIP) in the United States has a relatively short history. Its beginnings can be traced to Cambridge, Massachusetts in 1977 (Adams & Cayouette, 2002). At the time when survivors of domestic abuse were finding more and more

sources of shelter and resources to aid them in escaping their violent home life, organizers and volunteers at these women's shelters and programs were faced with an increased number of men who were looking for self-help (Adams & Cayouette, 2002). For the safety of women and children, these organizations were unable and unprepared to offer support to their abusers. Instead, local men and allies to the women's shelters were called upon to brainstorm and organize a form of support for men who were the perpetrators of domestic violence (Adams & Cayouette, 2002).

Abuse Intervention Programs

EMERGE. As a result of this grass roots movement, one of the first AIP, EMERGE (Boston, Massachusetts, 1977), was created and designed to provide support and resources to male perpetrators of violence. Before this, domestic abuse was considered to be a private problem limited to dysfunctional relationships wherein both parties were held accountable for distress (Adams & Cayouette, 2002), and blame was frequently placed on the victim of the abuse (Pence & Shepard, 1999). With the pressure from women's rights advocates, people began to embrace the idea that abuse was not an illness or pathology of the individual nor dysfunction of the relationship; it was then seen as consisting of intentional actions (no longer limited to physical abuse) that were used to assert control and dominance over women (the oppression model; Adams & Cayouette, 2002).

The EMERGE curriculum is based on the belief that abusive behavior is learned and can be *unlearned*; they point out that the majority of abuse perpetrators conduct themselves respectfully and non-violently in other, non-intimate relationships, when they *choose* to (Adams & Cayouette, 2002). Thus, they argue that perpetrators need to be motivated to change their tactics to control outcomes in intimate relationships, and they attempt this through the use of an

educational curriculum. EMERGE focuses on teaching perpetrators about “the effects of abuse, stressing personal responsibility, and helping to identify the elements and benefits of respectful behavior” so they can help perpetrators “*choose nonviolence*” (Adams & Cayouette, 2002, p. 5).

Though EMERGE has made many changes to its program (i.e., expanding its community outreach and collaboration), the original EMERGE AIP had several weaknesses: (1) mandatory arrests did not exist at the time, and participation was voluntary, excluding many perpetrators from the educational opportunity; (2) courts and other institutions were not involved in the intervention process, so there was no community pressure, through reinforcement nor punishment, for the abusers to be non-violent; and (3) there was no consequence for dropping out of the program, so it was difficult to control class attendance (Mederos, 1999). Though the EMERGE philosophy has since evolved and remains the foundation of many national programs, another model became the forerunner of abuse intervention.

The Duluth Model. The Domestic Abuse Intervention Project (DAIP), located in Duluth, Minnesota, was the first community-based program in the United States that worked to address the systemic issues of domestic violence; it is most well-known for successfully implementing an automatic arrest policy with the Duluth Police Department and for creating an educational intervention program for perpetrators, known as the Duluth Model of abuse intervention (Pence & Shepard, 1999). It was organized in the early 1980s with the use of a “reflective and critical dialogue,” based on the work of a Brazilian educator named Paulo Freire, who had designed the model to represent an innately human, yet avoidable, tendency for oppressor/oppressed relationships to emerge (as cited in, Mederos, 1999). According to the Duluth Model, the primary cause of IPV is an endorsement of patriarchal ideology and the social sanctioning of men’s dominance over women (Pence & Paymar, 1993). This model was intended to help men,

who might otherwise believe their situations to be permanent and out of their control, realize their agency in determining their own behavior despite situational factors. Like EMERGE, the Duluth Model seeks to challenge the notion that men's violence toward women is a natural phenomenon that is unavoidable, and instead asserts that it is the *avoidable* outcome of a culture that legitimizes a gender-based, oppressive hierarchy (Mederos, 1999).

Although the above-mentioned programs are only two among hundreds of AIP in the nation, they are the first and the most widely influential. As a result, many AIP (e.g., RAVEN & Men Stopping Violence) follow their model of oppression-based education and focus largely on *unlearning* tactics used to dominate and control. The Duluth Model of AIP has become the standard of AIP practices in the United States. In 2008, 45 states implemented legislation that mandates the use of Duluth Model components (Cluss & Bordea, 2011).

Tools of Abuse Intervention

The goals of AIP are primarily to increase the safety of the victims of abuse, to increase perpetrators' accountability for violent behaviors (e.g., reducing victim blaming or justification), and to teach perpetrators the skills and alternative behaviors needed to replace the use of violence. The feminist origins of abuse intervention gave rise to the creation of a psychoeducational tool called the Power and Control Wheel (DAIP, 2011). Advocates from DAIP (home of The Duluth Model) developed the Power and Control Wheel in order to talk about abuse with survivors, perpetrators, and practitioners seeking training in abuse intervention. In 1984, utilizing focus groups composed of female abuse survivors, DAIP staff members developed a list of abusive behaviors and tactics that the women reported having experienced. Thus, the Wheel is said to illustrate the tactics "most universally experienced by battered

women,” and according to the Wheel, “a batterer systematically uses threats, intimidation, and coercion to instill fear in his partner” (DAIP, 2011, n.p.).

AIP facilitators use the Wheel to teach IPV perpetrators about the different ways in which they use power and control to dominate their partners and children. The goals of increasing accountability and safety are inherent in the process of teaching from the Wheel. DAIP advocates argue, “By seeing that their behavior is not atypical for men who batter, there is an impetus (for those who are motivated to change) to explore the beliefs that contribute to their behavior” (DAIP, 2011, n.p.). Perpetrators learn alternatives to abusive tactics by incorporating a complementary tool, the Equality Wheel, which teaches nonviolence through negotiation and fairness, non-threatening behavior, respect, trust and support, honesty and accountability, responsible parenting, shared responsibility, and economic partnership (Pence & Paymar, 1993).

In addition to the feminist psychoeducational tools, many of these programs in the United States also inform their practices with Cognitive Behavioral Therapy (CBT). Proponents of CBT suggest that behind every behavior is a cognitive process and that behavior can be learned and unlearned. In order to unlearn a behavior, one needs to identify the intentions and beliefs behind the behavior. If they do this, then they can begin reforming their beliefs and attitudes to begin choosing better behaviors. One of the clearest and most common manifestations of CBT in AIP curricula is the use of “control logs.” Control logs are either written or oral accounts of an incident of abuse. Control logs are a list of actions, intentions, beliefs, and effects related to a single IPV incident (DAIP, 2011).

Logging is intended to help men who attend AIP classes to become aware of their abusive behaviors, the intentions behind the behavioral choice, the impact of their abuse on their partners and children, and the beliefs and attitudes that drive the violent behavior. Frequently,

violence is functional for perpetrators, allowing them to control uncomfortable situations, reduce tension, and control outcomes in relational conflict (Sonkin, Martin, & Walker, 1985).

Identifying the intentions, alongside the impact of their abusive tactics with CBT, helps to illuminate alternative methods (e.g., negotiation and fairness, honesty) for men to achieve their functional goals without the use of violence.

Abuse Intervention Program Effectiveness

As mentioned previously, the Duluth Model is one of the most widely implemented AIP models. If not holistically (i.e., to also involve the coordination of community services and law enforcement), the tools (i.e., the Wheels) of the Duluth Model are widely used. Although at least 45 states have implemented legislation mandating the use of some Duluth Model components since 2008, AIP effectiveness continues to be questioned (Cluss & Bordea, 2011).

In 2011, Cluss and Bordea compiled a literature review and report for future directions of AIP groups. Most of the groups in the studies they reviewed employed feminist psychoeducational tools, CBT, or a combination of both. Only two studies examined programs that presented different models of intervention: (1) comparing a CBT approach to a “supportive group format” (Morrel, Elliott, Murphy, & Taft, 2003) and (2) comparing a typical Duluth-inspired program to one with a “process-psychodynamic intervention” (Cluss & Bordea, 2011, p. 8; see also Saunders, 2008). The effectiveness of a program is judged successful if “the rates of aggressive behaviors are significantly reduced as a result of the intervention” (Cluss & Bordea, 2011, p. 9). The studies reviewed in their report included mostly low quality designs and very few rigorous experimental or quasi-experimental designs.

In discussing the major findings of the collected studies, Cluss and Bordea (2011) conclude that “the more rigorous the methodology of evaluation studies, the less encouraging

their findings” and that there is “no solid empirical evidence for either the effectiveness or relative superiority of any of the current group interventions” (p. 10). One difficulty in studying populations of IPV perpetrators for the purpose of testing intervention effectiveness is the inability to obtain data from no-treatment control groups. This is due to the fact that it is unsafe and unethical to assign perpetrators to an experimental condition in which there is neither an attempt to increase the safety of the survivors and family nor any attempt to educate the perpetrators in an effort to eliminate violent behaviors. Thus, studies that find no significant differences between AIP methods, as Cluss and Bordea (2011) highlight, may suggest that neither method is producing positive outcomes or that *both* are equally efficacious. Furthermore, meta-analyses (e.g., Babcock, Green, & Robie, 2004) finding little to no effect size from studies examining AIP program outcomes, in addition to methodological design challenges, suggest that researchers and practitioners need to remain open to better understanding IPV perpetrators and potential intervention methods.

Abuse Intervention: Trauma-Focused Programming

Although the feminist psychoeducational model and CBT have specific purposes and help many individuals move away from abusive behaviors, the current study argues that there may be greater benefits than costs to utilizing trauma-focused strategies in AIP curricula design. Considering the aforementioned connections between the experience of trauma and the perpetration of violence, one might assume that a trauma-focused component in AIP curricula would help perpetrators make sense of their adverse childhood experiences and learn to disrupt the belief system about self, other, and intimate relationships that have negatively influenced their behaviors in adulthood. Swopes et al. (2013) assert that IPV perpetrators may benefit from trauma-focused cognitive behavioral therapy. There is already evidence that trauma-focused

interventions have reduced the reactivity and aggression among inmates at San Quentin prison (Lubin & Schneider, 2009). Their intervention, Emotional Freedom Techniques (EFT), invites prisoners to recall traumatic memories while reframing beliefs associated with the exposed memory in an effort to decrease the intensity of PTSD symptoms (Lubin & Schneider, 2009). There is also evidence that those who benefit from EFT show a rapid reduction in the emotional triggering that is typically associated with a traumatic memory (e.g., Mollon, 2007). However, despite these assertions, many in the AIP community have concerns about the costs outweighing the benefits if they were to include trauma-focused content in their curricula.

Concerns Regarding Trauma-Focused Programming

Though some AIP practitioners have acknowledged the influence of traumatic experiences on the perpetration of violence, the trauma component often remains overlooked in typical AIP programming. Practitioners and curriculum guidelines acknowledge the link between trauma and violence, yet they frequently cite concerns that if AIPs focus discussion on childhood traumas, then perpetrators will shift blame for their behavior to their adverse childhood experiences, thereby colluding with the cultural supports of abuse. The Duluth Model Curriculum, *Creating a Process of Change for Men who Batter* (Pence & Paymar, 2011), states:

The history of a man who batterers is often a history of childhood abuse, exposure to male role models who have shown hostile attitudes towards women, exposure to women-hating environments, alcoholism, racial and class oppression, and the denial of love and nurturing as a child. Clearly many men whom we work with need to find ways to heal from the sexual and physical abuse they experienced as children. We can't discount their pain and their scars. **However, these individual experiences can easily become both an explanation of why a man batterers and an excuse to continue his violence.** To change

long-held patterns, men must acknowledge the destructive nature of their present behaviors and accept the responsibility for their actions. They are not, however, responsible for creating the many forces which have shaped their thinking. While men are not victims of sexism as are the women they beat, they are dehumanized by their socialization. (p. 19, emphasis added)

This passage acknowledges the common adverse childhood experiences of many perpetrators who move through intervention groups, making their intervention efforts trauma-*informed*. However, the authors quickly pivot away from any responsibility to intervene, citing concerns for reduced accountability. Similarly, the EMERGE Group Program Manual talks about reframing thoughts around feelings that batterers might have. However, while acknowledging the emotional triggers that may provoke a violent episode, the language in the manual changes course by saying, “What they really seem to be identifying are the circumstances under which they feel their excuses can be used to justify their behavior” (EMERGE, 2000, pp. 10-11).

In recent research (Cavanagh, Dobash, Dobash, & Lewis, 2001), male perpetrators are shown to blame the culture of violence in which they were raised (e.g., witnessing father’s abuse of mother, enduring physical violence as a child) as reason to accept their abusive behaviors as justifiable or to be expected. Jewkes (2002) further confirms the phenomenon that much of IPV is justified by perpetrators due to existing social norms whether in their childhood homes or in their surrounding communities. Specifically, violence tends to occur more in areas with greater regional violence (Levinson, 1989).

Cavanagh et al. (2001) demonstrate that perpetrators make accounts for their violent behavior by blaming childhood circumstances. However, the Violent Men Study, from which Cavanagh et al. (2001) drew their interview data, assesses two Scottish violence intervention

programs (i.e., CHANGE and Lothian Domestic Violence Probation Project) that followed an educational format (i.e., not psychodynamic or trauma-focused) focusing on power and control and engaging perpetrators in cognitive-behavioral lessons designed to challenge thinking and behavior related to relational conflict (Dobash & Dobash, 2000). Therefore, it remains uncertain whether such findings would be replicated if the interviews were drawn from a sample of perpetrators who participated in an intervention program with a trauma focus. In an effort to advise us as we consider the traumatic experiences of someone like Adolf Hitler, Miller (2006) acknowledges, “empathizing with a child’s unhappy beginnings does not imply exoneration of the cruel acts he later commits” (p. 197). Perhaps AIP facilitators who are trained to implement trauma-focused cognitive behavioral processing and are adept at providing social support within AIP groups could simultaneously help perpetrators take accountability for their violence while healing from their own experiences of childhood victimization.

The current study attempted to address concerns regarding trauma-focused AIP programming by interrogating the possible benefits and challenges posed by a program specifically designed to incorporate trauma-focused content and provide perpetrators of IPV with an environment that encourages self-disclosure and emotional support. Thus, the following research question was addressed in the current study:

RQ3: What benefits and challenges do men who participate in trauma-focused abuse intervention perceive with regard to social support?

The following chapter, Chapter Three, describes the methods and procedures used to address the research question posed in this study.

Chapter Three: Methods

This research project utilized two types of qualitative data in order to gain new insight into understanding the lived experiences of intimate partner violence (IPV) perpetrators, as well as to contribute to theoretical and practical understandings of trauma-focused methods within abuse intervention program (AIP) groups. Specifically, the study examined male perpetrators' experience of childhood trauma, communicated social support, perpetration of violence in adulthood, and the use of a trauma-focused component in AIP. In this section, I describe the study participants, procedures, and the analytic techniques that I used to answer the research questions posed in the study. Pseudonyms for all participants in this study were selected by study participants to protect confidentiality. Interestingly, many participants claimed that they did not care whether anyone could identify them, citing their belief that if their story could help others, that was all that mattered. The university's Institutional Review Board (IRB) approved all methods and procedures for this study in April 2014 (see Appendix A) and renewed approval for the research protocol in March 2015 (see Appendix B).

There were two stages to this research project: participant observation and semi-structured interviews. The following sections describe the participants for each method and the procedures involved.

Participant Observation of Participants

From April 2014 to February 2015 (approximately 10 months), the period when I was a participant observer in the Wednesday night AIP group at Family Safety Enterprises (FSE), 101 men granted me permission via written consent (see Appendix C) to observe and record their participation in group discussion and activities. Approximately five to 20 men attended the AIP group on any given day. The men's average age was 35.18 years (range = 21-59 years). The

men's ethnic composition was 80% Caucasian, 9% African-American, 4% Native, 2% Hispanic, 2% Asian-American, and 2% Mixed Ethnicity.

Within the three combined years that I co-facilitated and observed the AIP group, I completed approximately 257.5 hours of participant observation with the AIP group and facilitator meetings (e.g., staff meetings in which facilitators discussed the class). For 33 consecutive weeks, I made detailed voice recordings after leaving staff meetings to recount the events of the evening. Twelve hours of recorded voice notes were then transcribed into 61 pages of single-spaced, typed pages of field notes. In addition to voice recordings, I filled two 80-page notebooks with handwritten field notes.

Although some men entered FSE's program voluntarily, most were either court-mandated to attend classes, or they were given the class as an option to achieve desired ends through the court system (i.e., regaining custody of their children or to have court charges reduced). As mentioned above, all participants in the FSE Wednesday night class were men. Forty-four percent were currently in a relationship (50% with victim of abuse), 27% were married (75% to victim of abuse), 20% were single, 4% were divorced, and 4% were separated. Socioeconomic status appeared to be predominantly low, as evidenced by common unemployment (18%) and reliance on government assistance (11%). However, for those employed, income ranged from minimum wage to a reported \$200,000 annually. Typical income appeared to range between \$20,000 to \$65,000 annually, but many men did not report income, making it impossible to calculate a representative average. Twenty-two percent reported working in the construction industry, making it the most commonly held occupation. However, there were a wide variety of other occupations held, including (but not limited to) elevator operator, car dealer, and nurse at the Veterans Association.

Observation Procedures. In April 2014, I took the role of a participant observer in the Wednesday night classes at the Family Safety Enterprises (FSE). Merriam (1998) highlights the difficulty involved in gaining access to certain settings, and adds that researchers build rapport by showing interest and being friendly. My authentic and focused engagement (i.e., participating in the curriculum, sharing personal histories of trauma and cruelty) in the class helped me to establish trust and credibility with the AIP participants. As a participant observer, I chatted with participants before and after class, made connections with participants by engaging in authentic conversations and activities, characterized by sharing personal and typically private information, engaged in discussions, and observed participants' behavior and interactions. In an attempt at transparency, my role as a researcher was always explicit. All participants were presented with an informed consent form when they attended the program orientation, which is before they attended their first class. For a copy of the participant observation informed consent form, see Appendix C. When new participants would arrive for the first time in the Wednesday night class, I would introduce myself as the researcher before class began. If they refused to consent to being observed and recorded, I still introduced myself, yet I excluded information about them in my notes of conversations and interactions.

Notes were made discretely during class occasionally, but most often, I aimed to engage fully without distraction. Occasionally, I would make notes while the facilitator was speaking and/or presenting a lesson, so that I could appear to be taking notes about the lesson. I did not wish to be perceived as taking notes when participants were speaking, because I wanted them to see me as other-focused (i.e., interested in them and their stories). The observations from class included notes about participants' behaviors, messages, interactions with each other, interactions with facilitators, and interactions with me. I also took notes about how I felt in class and about

self-disclosing during class activities. Both participants and facilitators (male and female) were expected to self-disclose during class, so I elected to include self-disclosure as part of my participant observer role description. This proved to be an effective method for gaining trust and credibility from the participants. They seemed to enjoy hearing about facilitator transgressions and challenges, because they often said they thought we *had our shit together* and were relieved to see that we were not perfect after all. This may be because they were typically treated as if they were “less than” because of their behaviors and criminal records. However, when facilitators disclosed their own maladaptive behaviors, it revealed to the participants that we were not different in the scheme of things. This phenomenon is also supported by Social Penetration Theory (Altman & Taylor, 1973, 1987), in which the “norm of reciprocity” suggests we disclose at greater depth and intimacy when our conversational partners choose to do the same.

After each Wednesday evening class, I joined the facilitators in discussing the night’s class and participated in planning class for the next week. Meetings with facilitators usually lasted from 30 minutes to one hour. During the facilitator meetings, I took notes while I participated in the facilitators’ discussion. Generally, the facilitator meeting after class aided my memory and contributed to more thorough note taking. Another benefit of attending facilitator meetings was that I was able to support my observations in class by confirming that the other facilitators observed the same interaction (Merriam, 1998; Manning & Kunkel, 2014). Once I left the site, I would record my headnotes by speaking into a digital voice recorder. I aimed to recreate the evening in chronological order. However, there are some nights when interesting things would happen, so the notes occasionally defied temporal arrangement in favor of reliable reconstruction of salient information. I later transcribed my voice notes to create polished field

notes for data analysis. Voice notes and hand written field notes, combined, totaled 141 single-spaced pages of participant observation data.

Semi-Structured Interviews with Participants

Interview participants were recruited from the Wednesday evening class face-to-face. While Family Safety Enterprises (FSE) offered to help recruit participants from *all* classes, I targeted the participants from the Wednesday evening class for participation. I anticipated that my efforts to build rapport with the Wednesday night group would be advantageous to rich and in-depth conversations. Most importantly, my role as a participant observer in the Wednesday evening class allowed me to triangulate my interview findings with observations (Merriam, 1998; Manning & Kunkel, 2014). These two methods of data collection complemented each other nicely. What a participant said in an interview could often be confirmed or disconfirmed in my weekly observations.

In addition, observations in the weekly Wednesday class provided me with a foundational knowledge about interview participants that informed my use of the interview protocol (see Appendix D) and follow-up questions. For example, when a participant mentioned in class that they had their first experience of cruelty when they were only five years old, I used that information to make my questions focused and precise in our interview. Instead of asking, “*When was the first time you remember being treated cruelly?*” I was able to ask, “*Remember in class when you mentioned that your first memory of abuse was when you were five years old? Would you mind telling me more about that experience?*” This strategy allowed for greater fluidity in the conversation, and resulted in more efficient use of time and arguably a greater degree of disclosure from participants.

Interview procedures. Between April 2014 and April 2015, I attended the weekly classes as a participant observer without attempting to schedule interviews. I wanted to observe and become familiar with participants and the program before I tried to meet with individuals one-on-one. Starting in May 2014 and over the course of six months (May 2014 to December 2015; one full cycle of the 27-week program curriculum), I attempted to invite as many AIP group members as possible to complete an interview. At any given time, there were no more than 20 men per group. Most declined to participate in interviews due to work schedules and a general lack of free time or flexibility. Ultimately, after saturation was reached (Lindlof & Taylor, 2011), 15 men participated in the semi-structured interviews. All interview participants were presented with an informed consent form when we met to conduct the interview. For a copy of the interview informed consent form, see Appendix E. Interviews were most often conducted privately within the FSE office conference room. However, I did conduct one interview at a nearby coffee shop. Interviews totaled 19 hours and 30 minutes. The average interview length was one hour and 18 minutes, and interviews ranged from 43 minutes to two hours and 52 minutes. Interviews were digitally recorded and later transcribed. All transcription for this project was distributed between the primary investigator and a trained undergraduate research assistant. Single-spaced transcriptions resulted in 366 pages.

Interview participants. Of the 15 interviewees, the average age was 33.87 years ($SD = 6.49$; age range = 23-57). The men's ethnic composition was 10 (67%) Caucasian, two (13%) African American, two (13%) Hispanic, and two (13%) Native. All men identified as heterosexual.

At the time of the interviews, five men (33%) were cohabiting with intimate partners, four (27%) were separated from their spouses, three (20%) were single, two (13%) were married,

and one (6%) was divorced. The average number of classes attended was 20 weeks ($SD = 7.01$; range = 4-27 weeks) at the time of the interviews. Thirteen (87%) men successfully completed the program, and two (13%) dropped out. The men had varying education levels, from an 8th-grade education to some college or vocational training, and they held various occupations [e.g., mechanic, culinary school student, construction workers (53%), florist, barista, union carpenter, paper factory machine operator, and volunteer firefighter].

The interview protocol included questions aimed at identifying messages of masculine gender socialization and restrictive emotionality, experiences of adverse childhood experiences (ACES), experiences of enacted and perceived social support, types of social support, and questions to prompt participants' retelling of violence perpetrated against their intimate partners, how they felt about the FSE program, and general demographic information (i.e., age, race, ethnicity, level of education, employment; for the full interview protocol utilized in this study, see Appendix D). However, due to the semi-structured nature of the interviews and the degree of familiarity between interviewer and interviewees, each interview conversation involved a variety of sub-topics (e.g., general philosophies about life or efforts to avoid beginning the FSE program in the first place), introducing questions, probing questions, and follow-up questions (Kvale, 1996).

In order to elicit responses about trauma in childhood, I framed my questions by inquiring about their first memory of being treated cruelly. The FSE curriculum defined cruelty in two ways: (1) "the blatant disregard for another person" and (2) "the intentional infliction of harm." Cruelty, using this frame, could be interpreted as anything from being ignored or yelled at to physical and sexual abuse or neglect. Additionally, as explained in Chapter One, the current study conceptualized trauma as including adverse childhood experiences (ACES; e.g., divorce of

parents, substance abuse), non-familial traumatic events (e.g., natural disasters), and gender socialization. One hundred percent of the interview participants reported some type of trauma during childhood; their experiences ranged from bullying by peers to repeated physical violence perpetrated by their parents.

Data Analysis

Interviews and participant observation voice notes were transcribed verbatim using Microsoft Word and password protected by myself and a trained undergraduate research assistant (all data was also shared with my doctoral dissertation advisor, Dr. Adrienne Kunkel).

Transcriptions were double-checked for accuracy. All interview and participant observation transcripts were combined to create one data set. I read through the data set fully one time. I then read the data three separate times to see how it fit (or failed to fit) with each of the three research questions addressed in this study. As I read through the data set, I used a combination of open coding and concept-driven coding (Gibbs, 2007). First, concept-driven coding involved “categories or concepts [... that] come from the research literature, previous studies, topics in the interview schedule...” (Gibbs, 2007, p. 44). I used concept-driven coding to help me categorize responses that were related to the specific predetermined themes (e.g., ACES) and open coding to explore the data further. In this way, my approach to the coding process was iterative (Fairhurst, 2014; Srivastava & Hopwood, 2009; Tracy, 2013). Once I had identified a unit of measurement (i.e., varying between sentence and paragraph length), relating to a specific predetermined theme, I examined it more closely for additional themes using both open and axial coding. Open and axial coding allowed me to discover patterns in the data set that may not have been anticipated based on the literature (Manning & Kunkel, 2014; Miles & Huberman, 1994).

After creating initial codes, I continued to reassess the data with multiple passes and constant comparison between interview data, participant observation notes, and initial codes (Miles & Huberman, 1994). As a result of these coding processes, I organized my data into several distinct categories including adverse childhood experiences (*psychological, physical, and sexual abuse; emotional and physical neglect; separation, divorce, abandonment, or death of parent(s); witnessing abuse of a mother or stepmother; living with members of the household who were abusing substances, mentally ill, or incarcerated*); availability and quality of social ties (*absent parents; surrogate support; social ties with negative influence*); masculine support messages (*take care of yourself; take care of (adult) business; don't ask for help; you're only by yourself; can't talk about feelings; nobody to turn to; emotions are not manly; get help and you're gonna get hurt*); social support as a function of the AIP group (*open to the group process; resistant to the group process; the group process takes time; facilitator support; facilitator self-disclosure; peer support; peer self-disclosure; peer lack of self-disclosure; group is different from real life; sharing repressed emotions*).

Validity. Two of the largest validity threats to qualitative research are researcher bias and participant reactivity (Maxwell, 2012). Maxwell suggests that we cannot verify validity in qualitative research, yet we can assess how well we account for validity threats. Researcher bias can emerge from previous knowledge and experience as well as positionality (e.g., socioeconomic class, education). Bias may lead the researcher to only ask certain questions or only attend to certain data. I have experienced and been the perpetrator of psychological and verbal cruelty in my own relationships, and I have been a victim of sexual assaults. In conducting interviews for this study, my awareness for potential bias was heightened. However, I felt I was more likely to empathize with participants than to demonize them. In my research, I have come

to believe that *all* people have the capacity for cruel behavior, and cruelty exists on a continuum. While empathizing with interviewees can be a threat to validity in some studies, empathy (i.e., a prosocial skill that allows us to attune to others and/or put oneself in another person's shoes) made me well situated to listen actively and carry genuine dialogue with study participants.

Participant reactivity refers to participants reacting to the researcher in a way that may alter their behaviors in certain situations (Maxwell, 2012). For example, being a woman, I posed a potential threat to validity through reactivity, because I represent the sex of participants' relationship partners. My second interviewee reported that this was true for him when he first entered into the program. However, as he advanced through the weeks and abandoned some of his rigid gender role beliefs (e.g., "*you're a woman, you should be cooking*"), he admitted that he preferred to talk to the female facilitators about deeper issues. This is also reflected in social support research because, in general, "women are expected to be the primary source of nurturance and emotional support" (Burleson, 2003, p. 575). Thus, I have confidence that reactivity did not impede my ability to engage my participants in genuine conversations.

Preview of Chapter Four

In the following chapter, Chapter Four, I present the study results, in which I provide detailed accounts of the men's adverse childhood experiences (RQ1), their perceptions of social support (RQ2), and what they perceived as helpful or challenging within the FSE program (RQ3).

Chapter Four: Results

This chapter presents results from data collected within both my 33-week participant observation field notes and transcripts from 15 in-depth interviews. The purpose of this study was to explore the experiences of men who have perpetrated intimate partner violence (IPV) in order to understand how they perceived social support throughout their lives. First, I briefly review the study's theoretical foundations. Second, I outline the prevalence and types of adverse childhood experiences among participants. Third, I describe the major themes participants perceived as relating to social support in childhood and late adolescence. Fourth, I describe my experience as a participant observer at Family Safety Enterprises (FSE), the local abuse intervention program (AIP) that served as the study's research site, and present several themes that emerged from interviews reflecting participants' perceived social support within the AIP group environment. Finally, I draw some initial conclusions related to the study's research questions. In Chapter Five, I present a full interpretation of the results.

Introduction

In Chapter Two, I noted that adverse childhood experiences (ACES; e.g., Felitti et al., 1998) appear to be prevalent among men who perpetrate IPV (e.g., Else et al., 1993; Lisak et al., 1996; Whitfield et al., 2003). However, the scope of measurement is typically limited to The Big Three traumas (i.e., physical and sexual abuse victimization and witnessing the abuse of a mother or stepmother; Lisak et al., 1996; Whitfield et al., 2003; cf. Else et al., 1993, which included emotional abuse). Additionally, I demonstrated how restrictive emotionality is consistently associated with traditional masculinity and a host of deleterious *intrapersonal* and *interpersonal* consequences (see, e.g., Kimmel, 2012; Levant & Richmond, 2007; O'Neil, 2008). Furthermore, I described the psychological and physiological benefits of social support (see, e.g.,

Cohen & Wills, 1985; Sarason et al., 1994). The overarching premise of this exploratory study was to determine whether (and if) we can understand more about how masculinity and emotion influence the lives of men who have perpetrated IPV. Specifically, this knowledge may provide us with better tools to understand the function of social support in preventing the development of violent behaviors, as well as an intervention tool.

Thus, the focus of data collection was to identify adverse childhood experiences, record perceptions of social support surrounding childhood trauma, and investigate perceptions of social support in the AIP group. This chapter provides results related to the study's research questions:

RQ1: What types of childhood adversity have men who have perpetrated intimate partner violence experienced?

RQ2: How do men who have perpetrated intimate partner violence perceive social support during childhood?

RQ3: What benefits and challenges do men who participate in trauma-focused abuse intervention perceive with regard to social support?

RQ1: Prevalence and Types of ACES

In Chapter One, I claimed that the current American Psychological Association (APA; 2016, n.p.) definition of trauma, “an emotional response to a terrible event like an accident, rape, or natural disaster,” is too narrow, limiting trauma to experiences perceived as extreme. In contrast, the Adverse Childhood Experiences studies (ACES; e.g., Felitti et al., 1998) draw attention to the life-altering influence of abuse and household dysfunction, which includes a somewhat broader range of traumatogenic experiences among 10 ACES categories: (1) psychological, (2) physical, or (3) sexual abuse; (4) emotional and (5) physical neglect; (6) parental separation or divorce; (7) witnessing violence against a mother or stepmother; or (8)

living with household members who were substance abusers, (9) mentally ill or suicidal, or ever (10) incarcerated. In Chapter One, I argued that the effects of non-familial trauma (i.e., accidents, disasters, gang membership, bullying by peers, ridicule, public shaming, and so on) should be considered as equally problematic with regard to the emotional, cognitive, and social development of a child. Therefore, a simple dictionary definition of trauma, “a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury” stands to encompass a greater number of experiences that could potentially influence negative social, psychological, and health outcomes (Merriam-Webster, 2015, n.p.).

In order to answer the first research question—*What types of childhood adversity have men who have perpetrated intimate partner violence experienced?*—I used language from the abuse intervention program (AIP) curriculum at Family Safety Enterprises (FSE). In FSE’s programmatic language, men are taught to understand their own violence as *cruel* behavior, defined as both “the blatant disregard for another person” and the “intentional infliction of harm.” This definition of cruelty allows them to understand the breadth of their hurtful behavior beyond their typically narrow conception of abuse as physical abuse. At the same time, FSE, a trauma-focused AIP, uses the same terminology to address men’s experiences of trauma in childhood. As a result, AIP group participation at FSE *normalizes* the discussion of men’s trauma in childhood as experiencing cruelty and employs the language beginning at the time of men’s orientation to the program (week 1).

I collected stories about participants’ experiences of trauma through group observation and by asking interview participants to recall their earliest memories of being treated cruelly. The following paragraphs illustrate their varied responses and illuminate the prevalence of trauma among the study participants.

Psychological abuse. The ACES studies characterize psychological abuse as involving swearing, insults, put downs, and humiliation (e.g., Felitti et al., 1998). Additionally, psychological abuse can include threats of physical harm, controlling, withholding information, and many other forms of verbal abuse and coercive tactics (NCADV, 2015). In a separate study with 51 male participants of AIP groups, 68.6% of study participants reported experiencing psychological abuse (Hoskins, Stucky Halley, & Halley, 2017). Similarly, the current study's sample reflects a high degree of prevalence. Out of the 15 interview participants, 11 (or 73.3%) reported experiencing repeated psychological abuse. Though frequency among the group members during my participant observation was not measured, the theme of psychological abuse was common among them. The following cases illustrate the wide range of sources and variety of experiences that constitute psychological abuse.

Psychological bullying. Several of the participants experienced psychological abuse from peers and siblings. The ACES study measures household dysfunction and does not capture bullying outside of the home. The results from the current study suggest there are a high number of incidents of psychological abuse outside of the home to be considered. For instance, Rick was bullied by his peers in elementary school. When I asked him why, he recalled, "*I was new in school. So that was pretty much: you're new, you're retarded. I was in special ed for pretty much everything but fuckin' like PE and science and computer.*" His experiences with bullying led to fighting. He said, "*It did happen a lot, but I checked their asses pretty quick...I fought back. I got kicked out of school for two years 'cause I fought back.*"

Similarly, Kennedy was bullied for having generic clothes in a rich Catholic school. In his recollection, Kennedy explained that it was usually about his shoes, which were:

Generic, very generic, like seven-dollar pair of shoes. And people were wearing like hundred-dollar pairs of Jordans. So I got made fun of all the time and finally I was like "Fuck you. Fuck you." And that led to fights, and then there were a couple of kids I had to fight every single day. Couple different years.

Another example of bullying can be seen in Noten's experience at boarding school.

Noten was sent to boarding school for about two years, where most of the students were Sioux. Noten was not Sioux. He explained that *"if you weren't Sioux, you weren't shit,"* and the other kids would beat him up for it. When I asked how he survived school, he explained:

You either ended up talking your way out of it or fighting. These are some of the times you got your ass kicked or you ended up getting the respect that you wanted from them saying, "You know, if you pick on him, you're gonna end up with a fight."

For these men, their experiences of psychological abuse were outside of the home, but they were persistent and shaped their beliefs about defending oneself. Kennedy even points to his experiences being bullied as the main reason why he has always been so quick to defend himself from criticism and attack. He explained in his own words:

Even we're talking, man, "If you wanna fight, I'm gonna fight you." Now you gotta punch me in the face or put your hands on me to get me to fight you. And it's been like that for a while.

Though Kennedy claims he was much more reactive in his younger days, he continues to insist that if someone attacks him, retaliation is the only option. As I observed in group one night, he was concerned about having to appear in court the next day, because he knew that if his ex's new boyfriend was there, Kennedy would probably get arrested for *"punching him out."* Though he

knew this behavior might risk taking him away from his son, he admitted that it was just the way things were. In his words, *“I wasn’t gonna get punch on.”*

Similarly, school fights and bullying crept into their lives at home. For example, Lee said his father taught him a lesson the first time Lee came home from losing a fight at school. In his own words, Lee remembered, *“The first time I got in a fight at school and I didn’t win the fight and my stepdad kicked my ass at home and made me go back and fight the kid again.”* When I asked him what message he received from the beating, he added, *“You don’t lose like that. You don’t let people walk on you. You don’t lose fights.”*

Household psychological abuse. Many other participants also experienced psychological abuse in the household. For example, Harley’s parents used threats and fear as a method to control their out-of-control home environment. Harley told me that, today, his family is a *“pretty tight family.”* Despite the sense of closeness Harley feels as an adult, he recalls a time when his home environment was tearing his family apart. Upon revealing some of his family’s struggles during his childhood, which I will describe in greater detail below, Harley describes the insecurity he felt when his parents reached their threshold for the stress of it all and threatened to send him and his brother away. In his words, Harley explained:

Between me acting up, getting caught smoking, finding me with weed at a young age, and my brother’s being a total fucking idiot and all that shit, my parents threatened to put us in foster care...Nothing ever became of it, but I really thought that was gonna happen.

These threats, though never realized, gave Harley the sense that he was not important and felt like a put down and a threat of abandonment. He explained, *“I was afraid they were really gonna do it, I was sad that they would think of doing it, mad that they would even consider it.”* When I

asked how their threats made him feel, he said, *“That I’m not worth their time...that they—I don’t even deserve a chance.”*

Ray described his childhood with his adoptive father or, in his words, *“my dad that raised me,”* as unstable and surrounded by drugs and criminal activity. I will describe more of Ray’s experiences in greater detail below. However, Ray reported that his adoptive father responded to every misstep with yelling and insults. In his own words, Ray explained:

Since I was growing up, my dad that raised me was always yelling at me. If I did anything wrong, he would yell at me. I hardly ever got punished by whipping so much as extreme, loud yell—scare the hell out of me, think I’m gonna get killed type of yelling: “WHAT? ARE YOU FREAKING STUPID?? I DONE TOLD YOU...”

Ray’s experience mirrors most of the other participants’ experiences. For example, Lee’s stepfather often told Lee and his brother that, *“he didn’t give a shit if we were there or not.”* Furthermore, each time they got in trouble or even just failed to meet their stepdad’s standards, they were yelled at and cussed at, in addition to physical beatings, which I discuss in the next section.

In a very different fashion, Pete experienced household psychological abuse nearly daily. Pete lived with his mother and his two half-brothers, who were seven and nine years older than him. Both brothers were members of a street gang. As early as three years old, Pete remembers growing up watching his older brothers turn from petty criminals to hardened felons. One night in the AIP group, Pete told us a story about how, when he was four years old, his brothers handcuffed him to a fence for three and a half hours. In our interview, I asked if he would retell his experience, which would only be the second time he had ever talked about the event, and this is what he said:

We were just leaving the house—or they were going to go leave to go ride their bikes with their friends—and I said “I wanna go,” and they said “No, no, no.” And my mom said, “Yep, you gotta take him.” And they fought with her for a while and finally they said, “Alright, we’ll take him,” smile on their face and everything, and I’m thinking “Alright, maybe they’re gonna be cool,” ‘cause they were acting cool. And then we went over, and we were riding behind the houses and he told me—he stopped the bike and he told me—to get off and he said, “Alright, I’m gonna talk to you about...let me tell you about where we’re going so you don’t do nothing that’s gonna get you in trouble.” So we both got off the bike and he was talking to me, he pulled out the handcuff and put it around my arm. And I don’t remember what I was thinking ‘cause the only time I’d ever seen handcuffs was with the police and someone’s getting in trouble, so I kinda thought he was just playing with me, wrestling or something.

And then he took the other handcuff and he clicked it to the fence. And he said, “Now you better not give me any shit—you better not get me in trouble. I’m not gonna leave you here forever. You shouldn’t have said that you wanted to come—we told you we didn’t want you to come.” And I’m begging him to let me go. I’m telling him, “Just let me go. I’ll just go home; I promise I won’t tell mom.” And he said “No, you gotta learn this time, when we tell you something, we mean it.” And I said, “I know, I just wanted to have fun. I wanted to get out of the house.” And he said, “Well what we’re doing, you don’t need to be doing. I don’t need you over there with what I’m getting ready to do, or the people I’m getting ready to hang out with. You’re too young.” And he wasn’t nice about it. I was just like, “So you’re really? No, no, no.” And he was just, “You shut up. If you get any louder, it’s gonna get worse.” So I just sat there. And for the first hour, it was

just looking, waiting for one of them to come around, looking, looking, nothing. And somebody's dog came around and I was like, "Oh shit, somebody's gonna see me. They're gonna ask me what's going on, and I'm gonna get them in trouble and it's gonna be my ass." So I'm trying to think of an excuse: I was playing cops and robbers and got chained here and I just needed help getting off.

When I asked Pete how he felt at the time, he explained:

I just remember... the empty—almost like being in jail—the empty feeling of just sitting there....not having anybody to talk to and not knowing when you're gonna be able to go—IF you're gonna be able to go. What's gonna happen when they come back? Are they gonna do something worse? Are they gonna try to be real nice so that I don't say nothing?

Pete had no control over his situation and waited in fear until he was released. He recalled that when one of his brothers finally came to get him, after the sun had set, he was crying. He remembered his brother's response to his crying: *"We ain't got time for that right now. You better not say nothing when you get over here. All you're gonna do is cause a scene, and you've already caused enough today."* Pete interpreted this comment as a reminder that, *"it was [his] fault for wanting to go with them"* in the first place.

Clearly, psychological abuse was prevalent and varied among participants in the current study. Additionally, and mirroring what we already know about the nature of abusive behaviors, psychological abuse was frequently a precursor to or co-occurring with physical and sexual abuse for many men during their childhood (NCADV, 2015). The next two sections highlight the physical and sexual abuses endured by the men in the current study.

Physical abuse. The ACES studies characterize physical abuse as pushing, grabbing, slapping, or having objects thrown at you (e.g., Felitti et al., 1998). The ACES questionnaire also emphasizes parents or other adults as being the perpetrators of physical abuse. However, participants in the current study report repeated patterns of physical abuse at the hands of their peers and siblings. Out of the 15 interview participants, 13 (or 86.7%) reported physical abuse, whether from siblings, peers, or parents.

Physical abuse from siblings and peers. As an example of physical abuse from siblings and peers, Sam remembers growing up with his two older brothers and spending a great deal of time in their backyard, where their mother ran a daycare. Sam recalls that his mother was often too busy to take care of him, and his brothers were left in charge in her absence. He explained:

She was running a daycare during the day so I might get into it with a kid that was there or the kid would start arguing and next thing you know—‘cause my brothers always attacked me and hit on me. So she did the daycare during the day and he’d be like, “Oh wait till mom leaves,” and that’s when he probably thought and then he was gonna attack me...And they’d attack me. I guess that’s just how the nature of the beast worked. They just wanted to get me—it just felt like that. But yeah, I got attacked a lot. If it wasn’t from one then it’d be from the other one.

His brothers were so abusive that Sam often felt like they were setting him up. He explained that he thought they were, “*trying to lead me on, to trap me for the next time.*” He told a story of one time when one brother ambushed him with a BB gun. He said, “*He called me out in the porch like an old Western shoot out, and I didn’t know what was going on—I just walked out there empty handed. And he shot me.*”

Sam said that his brothers' abuse was a near daily occurrence, and it got to be so bad, he wished he could escape his home. At 12 years old, he did. He got a farmer's driving permit and focused all of his energy and time on his truck and being away from his house. Harley, whose brother was physically violent toward him and his parents, described his childhood as being in the shadow of his older brother's abuse:

He put our family through emotional stress for years of his life by being destructive and violent. He'd... all but beat on my mom. I could never do anything about it 'cause I was way smaller than him, I could never take him on... Just years of his abuse, breaking my stuff just 'cause he's in a rage over something he's already in with the parents about. He'd take it out on anything that was around him. He broke windows all the time, holes in the walls all the time. He'd break family pictures just walking by punching things in the house. And that went on for quite a few years.

In my observations, many men in the AIP group told many stories about being physically abused by siblings. One man, Jerry, said his brother used to hurt him a lot. He would run to his mother for help, but she would only say, "*don't push his buttons.*" Cal, who lived on a farm with his nine brothers and sisters, told a story once about a time when his older brothers pushed him into an electric fence. Similarly, Mack would talk in group about his older sister, who "*tortured him since he was born.*" Mack said she did "*evil fucking shit*" to him, but he would not elaborate.

Physical abuse from parent(s), school faculty, and administrators. Bello lived alone with his father on and off, "*50% of the time, maybe 75% of the time.*" He said he would live with his grandfather while his father was "*having different relationships and stuff.*" In my observation of the AIP group one night, Bello told a story about his earliest memory of experiencing cruelty.

During our interview, I asked if he would retell the story, which involved both psychological and physical abuse. This is Bello's retelling of the event:

I was like six or seven and...[long pause] my dad...we're all standing out at my driveway, at our driveway, and our family's getting ready to leave, to go back home, and my grandfather had left his hat on top of the microwave, which was on a stand in our kitchen. And where we were at in our driveway, the whole family could see the cowboy hat. But I'm six, so I'm short and I can't see the cowboy hat. They just said, "Hey, it's in there on the microwave." So, I had to go get Grandpa's cowboy hat. And remind you, there's you know six or seven of 'em getting ready to go home, and there's eight or nine of us there getting ready to see my...just seeing our family off. So there's 15-16 of us...

So I go in, and I come out, and I didn't have it. I go in, and I come out and I didn't have it. And I can't find it, and I can't find it. And they're telling me it's on top of the microwave, but I can't see it because I'm too short and the microwave's eclipsing the hat. And I'm looking up at it and I'm like, "I don't see any stupid hat." And so um my dad goes in, he grabs...he makes me come over there...he grabs it off the top of the microwave...shows it to me and beats the fuck out of me...back hands me with his fist closed...I hit the ground...now I'll remind you the whole family's watching, and they start laughing. They can see through the window, and it's summertime so our windows are open. And I can hear them laughing. And so he tells me to get up. And every time I go to get up, and I'm on my hands and knees trying to stand up he kicks me. And they're all wearing cowboy boots cause that's the fashion at the time, and I fall down and he's, "Get up!" and kicks me. And I fall down, and he says, "Get the fuck up." And he kicks me, and I fall down. And this happens like several several times. And so I get outside and

uh...everybody's laughin', "and they're all joking, "Get up! Get up!" and so there's 15 of my family members standing there laughing at me saying, "Get up. Get up." Laughin' that he was just beatin' the hell out of me. And I was scared 'cause I didn't know where to go.

Bello talked about how his Native family beliefs were that of nonviolence, but his father was made a sergeant in the marines. He explained that the marines were his father's "*new tribe*." Bello said his father always won in fights and that everybody was deathly afraid of him.

Bello shared another incident in which his stepmother incited the violence from Bello's father when he got home. According to Bello's story, his stepmother would abuse him too. Bello recalled an incident in which he was eight years old and his stepmother slammed his head into the kitchen cabinet. To defend himself, he grabbed a frying pan and threatened to hit her if she tried anything else. Bello remembers that his stepmother backed down, but she warned him, "Wait until your dad gets home." Bello told the following account:

My dad beat the shit out of me. He beat me with a belt so bad they kept me home for two days, and would like make me lotion up my body and make me get in the bath a bunch, because I had whip marks around where like...it looked like purple snakes all over me, from where the belt had gone around and he...I remember trying to run from him and he hit me so hard I would lift up and fall to one side and then he'd hit me so hard, he'd knock me back to the other side you know trying to get away from him. I remember hiding underneath the table trying to like go underneath the table, and I remember him flipping the whole table over and stomping on me.

Bello shared many stories of these physically abusive incidents throughout our interview. As a result of his continued abuse, he ran away from home when he was 16 years old.

One of the worst cases among all of the participants was Rick's experience. Rick was subject to physical abuse by biological parents, foster parents, and eventually by adoptive parents. He described his biological father as "*cruel...just mean.*" His biological parents were alcoholics, and Rick described them as being completely self-involved at the expense of their children's safety and well-being. Rick explained that they would go out drinking and leave him and his brother alone in the house. Rick and his brother were so afraid of his father that they would run when they heard his car approaching the house. In his own words, Rick described their fright, "*We'd be watching TV and we'd hear dad's car rumbling up here, so we'd all run to the bedroom... [My parents] beat me so fuckin' bad.*"

In the AIP group, Rick had spoken of his father's beatings. Rick remembered telling his little brother, Jimmy, to hide in the closet or under the bed when his father came home, so that he would not receive any of the punishments. When Rick was much older, Jimmy decided to go and live with their biological father. Rick was appalled at this decision but reasoned that Jimmy did not remember their childhood the same way Rick did. He explained, "*I took a lot of fuckin' beatings from him. So I don't think he remembers that.*" Rick remembers how his brother defended his choice. According to Rick, Jimmy said, "*Well Dad didn't hit me that fuckin' much.*" Rick's response to this was, "*Yeah that's 'cause he had me in the fuckin' bedroom beating my fuckin' ass, because he wanted to go after yours.*"

Observing the AIP group one night, Rick mentioned that he had been in the care of approximately 27 foster homes. I asked him in our interview to share his experiences, and this is what he said:

Yeah, they beat us, they let us starve. Pretty much what I'm trying to say—the people that they took us from, my actual parents, my birth parents, the people they took us from, all

of the people till [my adoptive parents]—them were the only decent parents—the rest of them were just as fucked up as my parents-parents were. If not, probably worse. There were some that would tie us up, but they would chain us up with barbed wire, or they would whip us with barbed wire. And this one dude had tack nails on a board and he would whip us with that. I didn't get adopted until I was five and a half.

Rick's experience of physical abuse did not end once he was adopted, though, in his words about his adoptive parents, *"they were the best I'd ever had."* His adoptive father used physical punishment as a form of discipline. Rick explained his adoptive father's favorite method: *"My dad used to pinch my ears. He just grew his fingernails out and pinched my ears until they bled."* In addition to pinching his ears, Rick shared at least one experience where his adoptive father knocked him out to stop him from hurting their younger foster child. He remembers vividly, *"when I turned around, Dad hits me really hard in the fuckin' head and like knocks me straight the fuck out."*

Physical abuse as punishment was also common among the participants in this study. For example, Kirk experienced corporal punishment from his stepfather. He described the following:

My stepfather and I didn't really see eye to eye, and whenever I would get in trouble, he would be the main disciplinarian. And I always felt like the way he spanked or whooped me was just a little excessive. And it was many times—like I say throughout my life—I've had welts or cuts from the belts or paddles to where, if somebody would see it, they would probably say I was abused when I was getting whooped.

Kirk's stepmother also used corporal punishment. He explained that she once beat him for not eating his food. In his words:

She literally made me sit there for quite some time and I still didn't eat it, so that was one of the few times I do remember her giving me a whooping just because I didn't eat the food and it was like, I didn't like it.

Lee had a similar experience with his own stepfather, who was physically abusive. He described what his stepfather did when Lee refused to eat his vegetables:

He was a very mean person. He didn't tolerate anything; he was very strict. One incident...I didn't like canned vegetables when I was a kid—the mixed ones—and he made me eat them anyway. And it literally made me sick, I couldn't stand them. I threw up, and he stood me in the corner all night. For probably about two hours before he went to bed, he'd come by and just slap me with the belt. Across the legs or the back or wherever it landed. Just to torment me, I guess.

Some participants shared stories of the physical abuse coming from school faculty or administration. For instance, Bert told this story of when he was in high school: *"I remember my principal picked me up...picked me up by the shirt, smacked me up against the wall...feet off the ground."* Similarly, Noten's experience at boarding school was overshadowed by a physically abusive system of discipline. The students, though they would fight with each other, were motivated to fight in ways that would not get them caught by the teachers. Noten explained: *"[The other kids] might jump you and stuff but they wouldn't hit you in the face. They'd just kick the shit out of your body, though. 'Put the boots to you,' they called it."* The reason for this was that fighting was not allowed, and those who were caught fighting would be severely punished. Noten described the situation further:

Sometimes, it depends on who caught you or what mood they were in. They'd spank your ass or a lot of the nuns took their pointers and tell you to put your hands out and they'd

beat on the palms of your hands. It all depended on what the offense was, too. If you got caught stealing or cheating, that's what kind of retaliation you would get. But if you were a repeat offender, basically beat your ass. They had a paddle—everybody had a paddle. And the certain thickness of the paddle was for the offense. If you were a three-time offender, say you got caught four times fighting, you got beat bad. You couldn't sit down. Nobody wanted that, so...They had a rule when we were kids, [laughs] no beating of the face. They'd look at you and say, "Hey, who did that?" You'd have to tell them or you're in trouble. You'd get your ass beat for not telling the truth.

After two years of boarding school, Noten returned again to Kansas at the age of nine and recalls his life with his dad and how he remained abusive. Noten described his stepfather's behavior:

I'd get in trouble for—or he'd take it out on me—whatever he was mad about. I don't care, we're fighting that I didn't cook dinner right or whatever, it didn't matter, he'd still end up taking it out on me.

Most men I interviewed or observed in the AIP group shared some experiences of corporal punishment, whether from parents or school faculty. For those who did, they often claimed that they were punished that way because they did something to deserve it. For example, Bert, who said he never experienced any cruelty growing up, gave me the following account:

There wasn't any real violence...I mean, there was, according to the new terms and definitions, because I remember him almost losing it one time. I was being so flippant—such an asshole—but he grabbed me [gestures clenched knuckles], one arm up, on the wall, and punched the wall next to me. That was the only time I ever remember him doing anything like that. But I pushed him and pushed him.

Another incident he remembered shortly after recounting his father's behavior was his mother's reactions to his sisters' attitudes. Bert recalled, "*I saw my mom—she'd lost her temper a few times, and she'd smack my sisters. Open handed, across the face, you know. But it was usually after they got...a condescending attitude toward her.*" Again, the violence Bert witnessed was deserved—always attributable to the victim's bad behavior.

Apparent in Bert's recollections is the fact that the new terminology, provided by FSE's educational content, opened Bert's eyes to the possibility that he had, in fact, experienced some cruelty in his childhood. When I interviewed Bert, he had only attended his orientation class and a single group class following the orientation. Therefore, at the time of our interview, he was still in the early stages of introspection and learning. Though most of my interview participants had spent more time in the AIP groups ($M = 21.5$ weeks), my observations in the AIP group revealed that most men entered the FSE program believing that physical punishment was an essential component of learning respect and learning right from wrong. Therefore, it was common for men to say that they got a beating, but that they deserved it.

Sexual abuse. Though sexual abuse is the focus of many studies (e.g., Dube et al., 2005; Dutton, Starzomski, & Ryan, 1996; Lisak et al., 1996; Lisak & Beszterczey, 2007) and is often considered one of The Big Three traumas (i.e., sexual and physical abuse and witnessing abuse), which may lead to later abuse perpetration (e.g., Whitfield et al., 2003), sexual abuse was reported infrequently among the current study's sample. In talking with Hank, FSE's director, and other facilitators, sexual abuse is one of the most stigmatized abuses to occur. Therefore, it is possible that some men experienced sexual abuse but were too ashamed to report it openly. For example, one night in the AIP group, Gary shared that when he was eight years old, a man from his neighborhood took him down to the creek and made him take off all of his clothes. He said,

the man tried to “*get at my balls with a crawdad.*” He minimized it by saying, “*I don’t think he tried to do anything besides that,*” but he acknowledged that he told his parents, and the man went to jail. Gary said the man was still in jail, because he molested other kids in the neighborhood. Despite telling his parents when he was eight years old and retelling the story in group, Gary had never told another soul about that incident. Similarly, one of my interview participants disclosed repeated experiences of sexual violence perpetrated by peers between the ages of six and nine, but he requested that his story not be digitally recorded. It was as if recording the story would make it all the more real, when he only wanted to move on and forget it ever happened.

However infrequent the reports, for those who did disclose experiencing sexual abuse (i.e., two of the 15 interview participants), the accounts were extreme and reflected ongoing sexual abuse. For example, Rick’s biological parents sexually abused him, his brother, and their baby sister. Rick’s response to my question about the cruelty he experienced as a child is indicative of the difficulty men have with sharing such experiences. Rick prefaced his disclosure with these words: “*I don’t know, shit, fuck, I don’t even want to say this.*” He then explained, “*They used to tie us down and have sex with us, or have us watch them have sex.*” You could see his discomfort as he shifted in his seat and cast his eyes downward. He also later recalled that his parents trafficked them in order to buy drugs. Rick’s memory of the events was not intact, because he was so young when it happened. However, he said social services took them away from their biological parents and later explained why. This was his understanding of his and his siblings’ experience:

Rick: I don’t want to say this, but there was one time when they needed fuckin’ drugs and they didn’t have any money. And they needed apartment money too for rent and shit. And

they didn't have any money, so they threw me and my brother out to a group load of Mexicans, and they fuckin' yeah sexually fucked us up.

Me: They trafficked you for money?

Rick: Yeah yeah, that's what they did. Yeah, they trafficked me—me and my brother. And I think my sister too, cause by the way I look at it, if I was thinkin' back then, they would have made more money off of her, because she was a chick.

Me: But she was a baby.

Rick: Yeah, yeah, well that's even more. It's like, would I rather have a baby or fuckin' would I rather have a three-year-old? I think I'll take a baby. Yeah, so I think they did it to her too. I mean I don't know if they did. I just know the story about me and my brother, but I don't remember that. It was a long fuckin' time ago.

Again, Rick's reluctance to share was made clear with his opening statement, "*I don't want to say this.*" It is entirely possible that there were others who experienced sexual abuse, but who were simply too ashamed to share or who did not wish to revisit such agonizing memories.

Emotional neglect. The ACES studies define emotional neglect as a deficit of closeness, emphasizing a sense of being unloved and unimportant (e.g., Felitti et al., 1998). Emotional neglect is also characterized by a lack of familial support. Most participants expressed feelings of being unloved or unimportant at some point during our conversations. In the AIP groups, experiencing emotional neglect was also a common theme. For example, we often discussed how it feels for AIP participants when they were treated cruelly by their parents at a young age. Frequently, men reported feeling worthless, inadequate, unwanted, and unloved. For instance, when Kennedy's father died at age 12, his mother was no longer emotionally available for him. He characterized her as "*grieving—my mom was in her own world.*" When I asked whether she

took care of him at that point, he said, “*she fed me and stuff like that,*” but she was so emotionally distraught that they no longer got along. As a result of her emotional distance, Kennedy moved out to live with his older sister.

Lee talked about his childhood as though he was constantly receiving messages about his worthlessness. In addition to his father’s abandonment, Lee’s biological mother had little empathy for him and his brother, who were often victims of their physically abusive stepfather. Lee explained, “*We heard our mom tell us that she loved us but we got it stuck in our head that that was bullshit.*” I asked him why they doubted her love, and he told me she never defended them from their stepfather’s abuse. Instead, Lee recalled, “*I remember her backing him up.*” Lee said his mother would say things like, “*Quit pushing his fucking buttons.*”

For Kirk, he said he never felt wanted by his stepfather, who he believed resented him. In his own words, Kirk explained:

I feel like, a dislike towards me...to having a—in a sense—a stepchild, especially someone who’s not their birth child. So I may have said something slick a time or two or done something and it’s like, “This isn’t really my kid.”

Kirk also spent most of his childhood moving back and forth between parents. He described his tumultuous living situation as follows:

Ever since fifth grade, I had moved back and forth between Kansas and Virginia. So, fifth and sixth grade I lived in Virginia, seventh and eighth grade I lived in Kansas, ninth and tenth grade I lived in Virginia, eleventh and twelfth grade I lived down here [in Kansas] ...I was flipping back and forth. And that wasn’t purposeful, that was due to situations that occurred...It was situational.

In my observations of the AIP group, Kirk had previously talked about this instability growing up, so I asked if he would tell me more about what prompted his constant relocation. He then explained:

Then something would happen between me and my dad, and I ultimately decided to stay down here. But I knew it wasn't gonna work for me staying down here, because him and I were butting heads too much.

As soon as the friction between him and one parent became too much to handle, they would send him to the other parent. This back and forth between parents made Kirk feel “*unwanted*.” Each time he would “*butt heads*” with one of his parents, they would send him away to live with the other.

Sometimes, emotional neglect was an unfortunate consequence of parents who were consumed by work. For example, Emilio’s parents took turns working. He explained, “*They worked...Mama was doing...she was working a restaurant. My dad was doing construction during the day and she would do nights.*” As a result, Emilio did not see his mother often. He said:

We wouldn't have a lot of days together. Usually she was sleeping or working. I didn't see her a lot. Only time I would see her is when I'd get in trouble in school and I'd have to come home. She'd have to pick me up. And then she'd be mad at me 'cause I'm getting in trouble at school.

I asked what his mother would say when she learned about what was going on in school, and Emilio said, “*She'd be like 'Oh you're bad. You was always a bad kid. Why can't you just listen?'*” In what little time they shared, Emilio made it clear that his mother was more frustrated with his behavior and spent more time criticizing or punishing him than showing him love.

One time in particular, Emilio remembered how he came home from playing outside to find nobody there, which made him feel unloved. He recalled the experience in his own words:

I think I was six or seven, and we went to go play. When we came home, my mom, my brother—nobody—was home. That was the first time I was sad ‘cause of my parents. ‘Cause they left us. They said they went to the store or something. We were there for about an hour, and they came home an hour later. And it was late—about five—so they came home around six.

I asked them if they apologized, and he said, “No, that’s the thing. ‘Oh you guys weren’t here; you guys were playing so we left.’” I asked if his parents knew he was sad at the time, and he said, “They knew, ‘cause I was in the closet crying.” Despite knowing how sad and afraid Emilio had been about coming home to an empty house at six or seven years old, his parents were unapologetic, leaving Emilio feeling like they did not care about him.

Physical neglect. The ACES studies (e.g., Felitti et al., 1998) define physical neglect as the feeling that physical needs are not being met. Specifically, physical neglect includes not having enough food to eat, having to wear dirty clothes, or that one’s parents are too drunk or high to provide care. Several men in the AIP group mentioned that they were not well cared for by their parents. For example, Ben said his mom ignored him; “*she was drunk all the time.*” Brett said that when his sister was born, he “*got ignored.*” In fact, when asked during group check-in to name one time that someone was cruel to them when growing up, men frequently said they were ignored or neglected. Though many interview participants reported that their parents took good care of them, a few disclosed that they were, at times, without basic physical needs met or even prevented from meeting those needs. For example, Sam’s mother ran a daycare out of her

home. Sam described the scene at their house as overcrowded and “*pretty wild.*” In his words, he painted me a vivid picture:

There'd be 13 kids out there plus us three. That's 16 kids running wild, hitting each other. And mostly it was all boys; it was weird. She'd tell us "If you ain't gotta take a shit, just go outside and piss," so then we were all pissing behind the trees, acting crazy all day.

Clearly, Sam was left to fend for himself among 13 other kids plus his two abusive older brothers, while his mother insisted that no one was allowed to use the bathroom in the house.

As mentioned earlier, Rick's father was physically abusive. In addition to the beatings, Rick's parents would leave them home alone for hours. He recalled that his father got tired of finding Rick and Jimmy running around the house, while they were gone, so they began tying Rick and his little brother to the bed. Rick explained how he learned to plan ahead so that he would no longer need to soil himself while he waited for them to return:

It got to the point where dad kept catching us doing that shit, so he would tie us down and they would be gone for eight, nine, 10 hours while we were tied hands, arms, legs—cornered to the fuckin' bed—and we'd be tied there until they got home. And I needed to go piss one day—he had been doing it for quite a bit, they had been doing it for quite a bit—but I really had to go man, so I had a pair of scissors and I stuffed 'em up underneath my pillow. Like I said they'd been doing it, so I was aware that they were going to do it already...And I cut myself loose, went to go piss, came back, was starting to cut my brother loose, and they showed up. They got home. They beat me so fuckin' bad...I could barely get myself cut off, but I didn't want to piss myself no more. I really didn't, because yeah it was that bad. We'd always piss and shit, and if we pissed and shit

ourselves 'cause we were locked up, we were tied up to the bed for fuckin' eight hours, we'd get in trouble for that fuckin' shit, and that would be an even bigger ass whoopin'.

Though Rick's situation is vastly different from Sam's backyard experience, both illustrate ways in which one's physical needs have been neglected.

A different example of physical neglect is Ray's experience staying with his adoptive father (i.e., his "dad who raised" him). Ray's mother filed for divorce after his adoptive father became too involved with selling drugs. Ray talked about his adoptive father, who was a drug dealer, and how living with him on and off exposed him to a lot of adult experiences. Ray admitted, "*I did a lot of stuff when I was a kid. I didn't have a normal childhood.*" Ray told one story about a time when there was a rattlesnake loose in his dad's trailer:

I don't know if you know, but when you're in the methamphetamine life, it's like, people stay up all night; people do things that they don't usually do. 'Cause they got that extra energy, and so I'd seen everything to where we had three pet rattlesnakes and one got loose. Then we go to the pet store and my dad grabs one of these—I don't know—some kind of thing that'll eat a rattlesnake—like a mongoose but it's something else—just like a mongoose. My dad puts it in his pocket and we run out to the car, and it tore his hand up, tore his hand up to get it. And he lets that thing go in the house. So he puts me, my brother, and my sister in a room, shut the door—And we get woke up at like six in the morning to him shooting a hole in the floor.

Ray's account is a prime example of how drug use can prevent a caregiver from focusing on the needs of a child and place the child in a dangerous situation instead. For Ray and others, their parents' presence in their lives caused great damage and put them at risk in dangerous situations, but for some, the loss of one parent, or both, presented similar problems.

Loss of parent(s): Separation, divorce, abandonment, or death. The ACES questionnaire measures household dysfunction in addition to experiences of abuse (Felitti et al., 1998). The five categories of household dysfunction are: (1) parental separation or divorce; (2) witnessing violence against mother or stepmother; or (3) living with household members who were substance abusers, (4) mentally ill or suicidal, or ever (5) incarcerated. I discuss each category in the following sections, beginning with parental separation or divorce. Though the ACES questionnaire only asks whether parents were either separated or divorced (Felitti et al., 1998), caregiver instability (e.g., loss of a parent) in general can significantly affect a child's development (e.g., Bowlby, 1969; Lisak & Beszterczey, 2007). In the current sample, 13 out of the 15 (or 86.7%) participants experienced some form of parental loss, whether by parental separation, divorce, abandonment, or death.

Separation. Separation is characterized by a division of two partners. Sometimes, separation becomes permanent, leading to divorce or dissolution of the relationship. However, separation here is taken to be a temporary condition in one's parents' relationship. For example, Harley shared with me that his parents are still married to this day, and that they have a very "tight family." However, Harley's family experienced great stress from his younger brother, as he explained, "*He put our family through emotional stress for years of his life by being destructive and violent.*" Harley's mother and father disagreed about how to cope with his brother's destructive behavior. As a result of ongoing struggles, Harley admitted that his father became so tired of the situation that they moved out of the house temporarily when Harley was 12. Harley described the following:

It got to the point where my dad just got tired of my mom just giving him whatever he wanted, because she knew he was gonna freak out and she couldn't deal with it. So me

and my dad actually ended up going and moving in with his mom and dad, with my grandparents for...a month or so.

Bert's parents separated for several months when he was in the eighth grade. He remembered not understanding why it happened, but he has vivid memories of his dad in a separate residence. In his own words, Bert remembered what happened:

She kicked dad out that time and filed for divorce when I was a kid. It was kind of a surprise, because they never fought in front of us. There was never any screaming or yelling at each other or throwing stuff. There was no...what I right now consider abusive language or anything. It all seemed pretty normal to me. I remember seeing him in the house he was renting...I don't remember details.

Despite not being able to conjure up details from the time in his life, Bert admitted that it was strange visiting his father in the rental house. He also recognized that the event did not make sense, because it did not arise out of recognizable differences or conflict.

Divorce. Unlike separation, divorce is typically permanent. Children of divorced parents seem to struggle more than children whose parents' relationship stays intact. Amato and Keith (1991) conducted a meta-analysis based on data from over 13,000 children. Their analysis confirms that children of divorce "experience a lower level of well-being than do children living in continuously intact families" (p. 30). The view that children of divorce adapt readily and reveal no lasting negative consequences is simply not supported by the cumulative data in this area. For some, divorce may lead to losing one parent, yet divorced partners often stay connected and share custody. Among the current study's participants, divorce that resulted in the loss of one parent is discussed below, under abandonment.

This section provides examples of divorce in which the separation is permanent, yet both parents share in child custody and care. For example, though Kirk's parents never married, their separation was permanent. Their separation affected his life at a very young age. Kirk recalled:

Growing up, my parents—my biological parents—weren't together. They were never married or anything else like that. They were in a relationship and they were together, but they had just never gotten to the point where they had gotten married. So me growing up, I had never grown up with my biological mother and my biological father as one.

As the result of their separation, Kirk spent the remaining years of his childhood moving back and forth between Kansas and Virginia, feeling unwanted.

Outkast's parents divorced when he was five years old. In his opinion, their decision to divorce with children at that age was selfish. He explained, *"It just happened at probably the worst point; they could've been better about it. They could've waited; they could've argued for two more years."* When I asked him why it was the worst time, he explained, *"'Cause you don't understand. And when you're eight, you understand boys and girls and this and that...but when you're five—if they had done it when I was four, I probably would hardly remember."* Outkast explained that at five years old, he was old enough to remember, but not old enough to understand. His parents' divorce stands out in his memory as disrupting what he knew for the first five years of his life: one moment they are together, and the next, they are not. He said it was hard, because *"when they came in and told me they got divorced, I didn't understand, 'cause I never heard them argue."* For the first five years of Outkast's life, they lived in a trailer court surrounded by extended family members. When his parents divorced, his mother took him and his sister away to live in a house nearby. Despite this small distance, however, Outkast insisted

that they always lived near each other, and that sharing custody only made his family community tighter.

Ray's biological father abandoned him when he was two years old (described in more detail below), and his mother married a man that Ray would later call his "*Dad who raised me.*" Ray describes the events that led to their divorce and the subsequent instability that occurred:

My mom and my dad that raised me—he got too big into the drugs for her so she was gonna divorce him. So when they got divorced, he pretty much was moved out. I was living with my mom, and I'd go stay with my dad. And at the time, he's doing his drug dealing and his drug use, so he went from like staying in a trailer to staying with a friend to staying with my aunt, so staying all over—so we would go, and he'd take care of us. But he would go around and be everywhere.

It was, in part, due to the divorce and shared custody that Ray was later subjected to this unstable environment, exposing him to drug use, drug dealing, and other dangerous situations.

Abandonment. Out of the 15 interview participants, eight (or 53.3%) reported being abandoned by at least one biological parent. Abandonment, here, simply means that the parent is alive but not involved in the child's life. For some participants, their parents separated and only one remained to provide care. For example, Christopher's parents divorced when he was three years old, and he distinctly remembers the disappointment associated with his father's broken promises. When I asked Christopher to share his earliest memory of this, he explained, "*My father would...I'd talk to him all week about what we'd do that weekend...he'd never show up. That's what I trace it back to...that feeling of sitting there waiting on him and realizing he's not going to come.*" Christopher explained that the repeated broken promises communicated to him that he was not important to his father, that he was "*less than*" and "*unworthy.*"

Lee's father left him before he could remember any details. He does not have a full understanding about why his father was absent in the first place, leaving a host of unanswered questions. He offered the following exchange as an explanation for how little he knows:

Lee: There's conflicting stories. My mom says he took off, but they say on that side of my family that he did leave but he tried to stay in contact and my grandma stepped in and told him that we moved somewhere and didn't want anything to do with him.

Me: Why would she do that?

Lee: I don't know. My dad was in and out of prison a lot; he was always in a lot of trouble.

Some years later, Lee's father committed suicide which, in Lee's opinion, did not change anything, because he never knew his father anyway. When I asked him how it felt to know that his biological father stopped trying to visit with him when he was about five years old, Lee said it made him feel "*not important.*" He explained, "*If you're not trying to stay in contact with your kids, you obviously don't still care about them.*"

When I asked about Bello's mother, he described her as "*blowing in the wind.*" Her issues with substance abuse took her away from him at a very young age, leaving him to grow up with a physically abusive father. He explained, "*My dad took me from her. She was such a bad drug addict.*" Memories of Bello's brief interactions with his mother paint a picture of how disconnected they were. When I asked when was the last time he saw her, he recalled, "*I seen her when I was like 18. She thought I stole her meth, but I didn't do meth at the time—I only smoked pot. So like we were having this huge fight.*" In a similar situation, Sam's father left when Sam was very young. He recollects:

My dad and my mom—he was abusive to her. I can remember stuff when I was little—he'd beat her up and stuff. And then he left when I was probably, maybe two or so, until I was about 18.

For other participants, one or both parents gave up their legal rights to care for the child. Noten's mother was either incapable or unwilling to care for him as a child. When I asked Noten what his mother was doing at the time, he described her as “*drinking, running around.*” He explained, “*My mother adopted me out to her sister when I was three. My aunt, Carrie, ended up taking me when she was in a relationship or married to what I wanna call my dad now but at the time, he was my uncle.*” Noten remembers this period in his life as his earliest memory of being helpless, because his aunt and uncle took him away from his three older sisters, who he considered his *real* family.

Similarly, Ray's biological father signed over his paternal rights and moved to Florida instead of serving prison time. Ray described the situation for me:

He was going to go to prison, and he went to Florida instead. And his brother had went through the whole same thing of going to Florida and paid plane tickets, child support, all that. [My dad] asked his brother for advice of, “What should I do? Is it worth it?” And his brother was like, “Overall, I do not think it's worth it.” But he had like two kids, so paying for plane tickets for them to come down and see him once in a while, child support on top of it, the distance thing... my dad listens to him and signs the paperwork over.

Interestingly, Ray's mother kept this information from him until he was a little older, so he always assumed that his “*dad who raised [him]*” was his real dad. Ray remembers vividly how that all changed:

But sure thing, any time [my biological dad] came back to town, after five years of getting off probation, he'd come down and talk to my mom's best friend who was friends with him, and he'd come by and see me. And he wouldn't tell me "I'm your dad" he'd tell me "I'm a friend of your mom's. I was just seeing you race here." So he'd stop by and see me once in a while and I never knew till I was like seven, eight, or nine. My mom was like, "This is a picture of your biological dad, your real dad. He had to move away."

About the same time Ray learned the truth, his biological father was showing interest in seeing more of his son. He invited Ray to visit him in Florida. This created a rift between Ray and his stepdad. Ray explained:

When I met my biological father here [in Kansas], it changed. [My dad that raised me] knew I'd met him, and once I went down there [to Florida] everything was still kind of changing. I think [my dad that raised me] was feeling hurt. Kinda like, "I raised you as my own son, and you're treating me like I'm not your real dad."

For Ray, his relationship with his adoptive father was a fragile one. Once he sought to know his biological father, after years of abandonment, his adoptive father felt slighted, even insulted. This affected Ray insofar that he no longer had a strong relationship with either one.

Death. Though death is a natural part of life, the loss of a parent to death can disrupt one's worldview and sense of self. Research suggests that children who lose a parent to death are susceptible to depressive symptoms and substance abuse shortly after experiencing the loss if grief processing is not achieved (Brent, Melhem, Donohoe, & Walker, 2009). For example, at age 12, and after years of feeling disappointed by his father's broken promises, Christopher's father died. Christopher described where he was socially and psychologically when his father died. He said, *"I was already in the middle of my rebellion phase. You know flannels and long*

hair, just the grunge kid I guess. And I started experimenting with pot at this point and beer, and then he died.” Christopher went on to explain the broader impact of his father’s death on his own development into manhood:

And within the next couple of years, you gotta start learning how to be a man and there was no man around to help you. And that’s something that I carry with me to this day of nobody helped me. I had to do it all myself. You got a 13-year-old kid working on a lawn mower by himself, he’s gonna fuck it up more than he’s gonna do anything, but he’s gonna learn.

While Christopher’s father was more often absent than present, he still felt the loss of the potential male role model that occurred when his father died.

Kennedy’s father had a brain tumor that prevented him from being involved in Kennedy’s formative years. Kennedy explained, *“He was always sick. He had a brain tumor...I never had a dad after [he died] or any kind of male influence.”* Though his father’s cancer progressed slowly over many years, Kennedy remembers his father’s death as sudden and terrifying. Kennedy was only 12 when his father died, and the event tore his family apart. The emotional impact on Kennedy’s mother left Kennedy feeling abandoned by her as well. He moved in with his sister, who was nine years older, and went on to engage in petty crimes with other adolescent boys in his neighborhood. Kennedy believes that if his father had not died, he would have provided a certain kind of motivation to stay out of trouble. Here, Kennedy explains his belief in his own words:

Basically, I don’t know that father role model, I guess. I didn’t play sports after that, which then led me into probably hanging around the bad crowd, getting in trouble, starting to steal. That shit probably would’ve never happened if my dad was alive ‘cause

I would've fuckin' gotten in trouble for it. I think I probably would have stuck with sports. I was real good at sports, so I probably could've got a scholarship for something—baseball, maybe.

When I asked why he believed his father's death made him stop sports, he added:

I don't know. 'Cause I guess I shut down a little bit. And then, got introduced to weed. [Laughs] And then I just wanted to go smoke weed! "Fuck going to play sports!" I got back into sports a little bit when I went to military school, 'cause we were required, but I was kinda smoking weed when we were playing sports... Ultimately, I think that's what changed my life, was my dad dying. 'Cause I would have been more on the straight and narrow path 'cause it was stricter.

The loss of his father clearly impacted Kennedy's life in significant ways. His father was a strong influence in his life and motivated him to do good work and be a productive young man. Losing his father, like many others, caused Kennedy to feel lost and directionless. Though the death of a parent has not, to my knowledge, been the focus of any studies aimed at examining antecedents to adult IPV perpetration, it is no wonder that so many of the current study's participants reported losing fathers. Psychodynamic theories of gender development would support the notion that the relationship a boy has with his father is crucial to his development into manhood (see Wood & Eagly, 2015, for a review). Similarly, the relationship a man has with his mother or stepmother can be very influential regarding his sense of self and his attitudes and beliefs toward women (e.g., Whitfield et al., 2003).

Witnessing abuse against mother or stepmother. The second category of household dysfunction in the ACES studies is witnessing abuse against a mother or stepmother (e.g., Felitti et al., 1998). Witnessing abuse against a mother or stepmother is well-known as a predictor of

IPV perpetration (e.g., Lisak & Beszterczey, 2007; Whitfield et al., 2003). Many men I encountered watched their fathers and stepfathers abuse their mothers and stepmothers. For example, in the AIP group, we often talked about men's experiences witnessing abusive fathers and stepfathers. Brett described watching his father, and later his uncle, abuse his mother. He said he would watch them, "*smack the fire out of her.*" He recalled at least once when his mom told him to call the police, actively assuring him that his dad would be taken away and they would all be safe. However, after he and his brother called the police, two hours later, his dad came back. Brett remembered that his dad sent his mom on an errand and then "*beat the shit*" out of him and his brother. Similarly, Blake was punished for wanting to protect his mother from beatings. He said that his mom spanked him and his brother for attacking her boyfriend with rolling pins when they witnessed him beating her. At five and six years old, Blake recalled, they were attempting to protect their mother, but they were punished for trying.

In one group discussion, William questioned another man's honesty when accounting for his own abuse perpetration. After the man had finished talking about what brought him to FSE's program, William asked if it was the first time he had hit his partner. The other man said, "yes." William said, "*My stepdad beat my mom and had to take a class like this. They asked him the same question, and he lied.*" Clearly, William's memory of his stepfather was triggered by the man's account, which William believed to be a lie. As mentioned earlier, Bello's stepmother was abusive to him. However, Bello explained that she had little compassion for him, because she was also often the recipient of Bello's father's abuse. Bello explained, "*she got beat on so damn much, she was just like, 'well, [Bello] can take that one for today. I'm not gonna get in the middle of that one.'*"

Noten witnessed women being abused more than once in his childhood. Here, Noten described his first memories of witnessing violence:

So I ended up living with my aunt...They took me back to their house, and I remember my aunt screaming around, because he was beating on her. I didn't see it physically. They gave me a room, and I had a bed and all that, and I remember hiding under the table. And I had to have been four years old—I wasn't very old at all, 'cause I didn't remember school then. And I remember him coming in there, looking under that table that I was under and looking at me and I'm scared to death—I don't know what's happening, yet I do know what's happening. That wasn't the first time I'd heard violence in my life.

Later, when his dad remarried, Noten said it took about six months for him to turn back into the person that Noten knew: *“the violence and drinking and all that. He ended up beating on her.”*

He explained, *“I remember a few times I ran and pulled him off her and all that shit.”*

For most participants, the abuse that was witnessed was typically men's violence against women, but occasionally, men described their parents as being violent toward each other. For example, Harley's parents would fight often, exchanging insults and accusations. He remembered the fights as being explosive:

It was just really, really verbal. Like, high intensity verbal yelling. Just...absolutely getting nowhere with anything, just bashing each other...He'd call her a bitch and a cunt and a whore and accuse her of sleeping around, and she'd accuse him and it'd just—it was always—just bashing verbally. Never really knew what any of their fights started over...I know by the end of it they damn sure didn't know, 'cause it just turned into a whirlwind of [makes explosion sound].

When I asked if their fights ever became physical, he recalled:

There was some pushing, but I've never seen him smack her or doing anything more than a push. Now, she'd run around and kinda beat on him, but he never responded in a violent way, short of pushing her off.

Though it can be misleading to only represent a cross-section of a violent exchange, Harley's memory of their disputes makes his mother seem more physically violent toward his father. However, it is important to keep in mind that she may have been physically retaliating to threats that were unseen or that Harley was too young to recognize (LaViolette & Barnett, 2014).

Similarly, Outkast described his mother and stepfather as arguing mutually, but he alludes to his stepfather, at times, having stepped out of the bounds of what young Outkast considered appropriate behavior toward his mother. In Outkast's eyes, it was his job to protect his mother from any slights or injuries. Here, he describes the memory of this role in his own words:

I actually feel sorry for them 'cause the both of them, they didn't really have a chance to work out their shit 'cause I called it front and center as soon as it popped out. Little nuances between a couple, bickering or arguing back and forth, that's personal shit. And y'all may be able to handle it just fine. There may be no blow up or nothing if it was left between you. But as soon as...you say something smart and he says back to you "You know what? Fuck that." Oh, here comes the 11-year-old across the room. "You know what? Fuck that? Fuck what?" And it's either you can shut up, grown man, or you can fight me. To a grown man, that's really not fair.

From my observations, many men hated their fathers for the way they treated their mothers. However, several men blamed their mothers for the abuse. During our interview, Sam wondered why his father, who was physically abusive to his mother, left them in the first place.

He said, *“I don’t know if he was just trying to get away from my mom, and that’s what happened to me—I felt like I got the blunt end of the stick ‘cause he wasn’t nowhere around, I felt like I got short-changed.”* In my observations of the AIP group, men also often reported that watching their mothers get hurt again and again made them feel powerless, and this was a feeling they did not want to feel.

Substance abuse. The third category of household dysfunction in the ACES studies is living with a member of the household who abuses drugs or alcohol (e.g., Felitti et al., 1998). Most men in the AIP group talked about living with family members who abused substances. Interview participants also reported high incidence of substance abuse in the home. Rick’s parents were alcoholics and would often leave the children alone in the house while they went out to drink. Rick remembered being alone for hours with his little brother and baby sister.

Ray’s father was a drug dealer, so he was exposed to great deal of illicit activity at a young age. Ray remembered, *“With my dad and his friends when I was growing up, and me getting introduced to crystal meth and cocaine and all these other things, I’d known about them until I was 16.”* And like many others, his early exposure led to his own drug use and criminal activity. Ray explained how it progressed in his own words:

I had people now looking for it, and I’m like, “Well my dad’s friends, they’ve been making this shit and doing this shit for years,” so I was like, “I’ll go talk to them.” I’ll go straight to the source instead of hitting up people that I barely know. I can talk to people I’ve known since I was a little kid. So then I was getting the better deals, better than anybody else around, and then I got really into it, and it just kind of led from there.

Pete had a similar experience. His older brothers’ involvement with the local gangs had them using and selling drugs out of the house. Pete described how he got involved early on:

I made the mistake when I was 17, 'cause I started selling weed when I was 14... because they had it all the time and it was easy. I could find it in my house and go sell it to somebody to get candy or whatever. Somebody robbed me when I was 17 and a senior. Somebody robbed me at gunpoint for a pound and a half of weed, and I was all upset 'cause it was everything I had put together.

For Pete and Ray, drugs were in the house, so they were exposed to drugs and the lifestyle that came with them very early.

Outkast had several family members who had issues with substance abuse. His uncle was an alcoholic, and his grandmother was addicted to the medications that all the doctors were giving her. Later, when Outkast's mother remarried, his stepfather brought his alcoholism into the home. Outkast remembered how this affected their relationship and said, *"My stepdad was a dick, and he was too drunk all the time...drunk enough to not matter what you're saying, whether it's intelligent and right or not, I'm just—don't wanna listen to it."* Similarly, Noten's adoptive father (i.e., his uncle) was an alcoholic. He remembered how his adoptive father's drinking led to some of the daily abuse:

He drank every night. I wanna say he drank every night, 'cause he'd always come home drunk or...and then I'd get in trouble for...or he'd take it out on me, whatever he was mad about. I don't care, we're fighting that I didn't cook dinner right or whatever, it didn't matter, he'd still end up taking it out on me. I knew that was gonna happen.

Ray and Pete had very different experiences from Outkast and Noten. For Ray and Pete, their early exposure to substance abuse led to their involvement in dealing and using drugs themselves. Though they each ended up with multiple incarcerations as a result, they did not express any adverse feelings associated with their exposure. However, Outkast and Noten

describe contrasting experiences. For both Outkast and Noten, their fathers' alcohol use directly and negatively affected their lives. They claimed their fathers were more abusive when they were drunk, and they made efforts to escape the house as a result.

Mental illness. The fourth category of household dysfunction in the ACES studies is living with a member of the household who suffers from a mental illness (e.g., Felitti et al., 1998). It is difficult to know just how much mental illness men in the study sample encountered, as it is highly likely that mental illness was often present yet undiagnosed. A couple of interview participants mentioned living with siblings who were institutionalized at some point. Despite never naming their challenges with mental illness labels, each story suggests that the parents at least believed they needed mental health care and were unable to care for them in their own home. For example, Christopher had a half-brother five years older who fought with his mother when Christopher was little. Christopher shared that his brother held a lot of resentment, because their mother admitted him to the local Menninger Clinic for psychiatric care. Christopher said he did not have many memories of his older brother's experience, but he knew he was "*a very problem child and his dad was in prison.*"

Harley's experience, as described above in a previous section, was similar to Christopher's. Harley had an older brother who tormented him and his parents with violent episodes and torrents of destructive behavior. In his own words, Harley explained:

It was just every day. Every day there was something. If they told him, "no," for any reason, it just turned into—he'd turn into the Tasmanian devil and just start breaking shit—going crazy. And my dad would do all he could, but he wasn't always there 'cause he worked a lot. My mom couldn't physically take him on whatsoever; she couldn't do

anything other than sit back and watch him destroy the house until she rolled over and gave him what he wanted to get him to quit.

Harley's parents struggled to manage his brother's outbursts, but they eventually admitted him to the local Menninger clinic. Harley recalled, however, that his parents were unable to afford long-term care, noting, *"That only lasted for a couple months maybe, and then they couldn't deal with that financially anymore."* As a result, Harley's brother continued to wreak chaos in their home.

When I asked Harley how he coped with the feeling of frustration, he shared his reaction:

Probably really just acting out, looking back. That's when I started smoking cigarettes, about 12 years old. I smoked marijuana for the first time at 12 or 13 years old, and that's all around the same time when our family was feeling broken up 'cause of the violence of my brother.

Like Christopher and Harley, Lee's younger brother struggled with violent tendencies. He shared with me how his brother was between eight and 11 years old when was put into a group home. I asked Lee what got him there, and Lee remembered:

He got in a lot of trouble. He was pretty violent too. He got in a lot of trouble. He got taken out of the house because he was attacking my mom and fightin' with cops at that age. I think it has to do a lot with what was going on in our house [referring to their stepfather's abuse].

Lee said that he and his little brother ran away from home once. He said he could not remember exactly what triggered it, but he knew it had something to do with their stepfather. Lee described their plight in his own words:

If both of us were there, and he was fucking with one of us, then both of us would get it. It was just...after he got onto one of us, he'd start telling the other one how much a little fucker he was. We just didn't feel very wanted when we were kids.

When I asked how it felt being the big brother and watching his little brother get in to so much trouble, he lamented:

It was hard. I remember when they took him out of the house, my mom and my grandma came and got me out of school to tell me what was going on. 'Cause he had gotten in trouble at school that day, 'cause he attacked a teacher or something. So, it sucked.

All three men shared experiences with their brothers, in which their brothers displayed violent tendencies and created unstable home environments.

Incarceration. The fifth ACES category of household dysfunction is living with a member of the household who is incarcerated (e.g., Felitti et al., 1998). Many men in the study reported having family members in and out of prison. In the AIP group discussions, this was often the case. Brett's biological parents were both in prison when he was very young. He said they were "*in for life.*" William's mother went to prison when he was very young. Additionally, several interview participants experienced living with or being related to individuals who were incarcerated during their childhood.

Pete's biological father was in prison since he was born, and he never really knew him. As mentioned above, Pete's brothers were also in and out of jail when Pete was very young. He shared with me what it was like to begin learning about their criminal behavior:

I would just hear it over and over. I would hear my mom talking on the phone to somebody or...the other brother's in jail, and he's talking to somebody while he's in jail, "We need to go over here and pick this up and get rid of this." And I was like, "Man, I

just thought you guys played basketball.” I mean, I knew they were bad, but as I got older and could understand what they were really doing, it was kinda...mind-blowing. To this day, I’ve never met people who’ll just do stuff like that, out of nowhere.

Pete’s oldest brother was still incarcerated at the time of our interview. Pete said he was in for a felony with a gun, but he had “*caught another charge*” while he was in prison “*for assault with a deadly weapon with intent to do bodily harm, something like that. So they gave him another—more time on top of that.*” His other brother had just been released from serving 12 years for manslaughter.

Lee experienced both abandonment and death of his father. He only met his father a couple of times, during which his father was incarcerated. When Lee visited his father in prison, he was only five years old, and remembers very little about the man. Here he describes the distant memory: “*One memory that sticks out is seeing him in prison. I don’t know why that sticks in my head. I guess he used to grind his teeth all the time. That’s what I remember is him gritting his teeth.*”

Summary of RQ1: Prevalence and Types of ACES

My interactions with the men who attended AIP groups at FSE revealed a variety of ACES categories with moderate to high frequency. Additionally, many participants shared that they experienced multiple co-occurring ACES categories. Thus, in answering the first research question, the data revealed that men in the current study were not only subject to significant adversity in childhood, but that they also experienced intense adverse emotions (e.g., sadness, fear, powerlessness) and were made to feel unwanted and unloved. In addition to examining the adverse experiences among men who have perpetrated IPV, it was a primary goal of the current study to better understand how the same men perceived social support in general but also,

surrounding those early experiences of trauma. Thus, the next section addresses themes and evidence related to how participants perceived social support during childhood.

RQ2: Perceived Social Support During Childhood

From what we know about the palliative nature of perceived social support, especially emotional social support (see Burleson, 2003, for a review), individuals who experienced high number and frequency of ACES would benefit from consistent support from strong social ties. Thus, in an effort to answer the second research question—*How do men who have perpetrated intimate partner violence perceive social support during childhood?*—I examined the availability and quality of social ties, types of support (i.e., emotional, cognitive, and material), and support messages during participant observations and individual interviews.

The following pages are divided into two main sections: (1) *availability and quality of social ties* and (2) *social support messages*. The first section provides examples of the themes related to the availability and quality of social ties: *absent parents; surrogate support; social ties with negative influence*.

Availability and quality of social ties. First, availability and quality of social ties was ascertained by asking men to think about who was available to help them when help was needed. We also simply talked about what life was like growing up. Many men admitted that they had no one to turn to, and most shared, as evidenced in previous sections, that their closest family members were either absent or abusive. The general perception among both men in the AIP groups and those who interviewed with me was that there was little to no one available to support them. However, there were a couple of exceptions.

For example, Bert talked about his parents as being there for him. He said, “*My parents kept track of us. They were pretty good.*” When I asked what that meant, he said, “*They didn’t let*

us run through the streets. They knew where we were.” He added, to emphasize that they were good parents, *“My parents were pretty protective of us.”* He also painted a picture of a family that was close and did things together:

Neither one of them drank. Neither one of them does drugs. They’re both pretty clean cut people. Mom was at home all the time. Once us kids got older, she’d take a part time job on when there wasn’t so much going on at the house. But we had a big garden, everybody chipped in. Mom canned a lot of vegetables, did a lot of stuff to help us get by.

In Bert’s case, his parents provided him with a sense of security and consistency. Though there were clearly times when money was tight, they worked together to get by. Despite these two cases, most men in my observations and interviews reported that they did not perceive being socially supported.

Absent parents. As is evidenced in previous sections, most men experienced abuse at the hands of their parents. Additionally, many reported the absence, abandonment, or death of one or both parents (and/or caregivers). Having already seen, in detail, the many examples of absent parents in the previous sections about adverse childhood experiences, it is important to point out how losing one’s parent(s) or primary caregiver has a significant effect on the availability and quality of social ties.

For some, it was apparent that the absence of a father figure removed a source of cognitive support. For example, Christopher told me that the absence of his father, through abandonment and his subsequent death, left him wanting of fatherly advice and practical life lessons. Several excerpts from our conversation illustrate the loss of role modeling that might have been provided by his father if he had had a greater presence in Christopher’s life. Here, Christopher explained that he would often see his friends spending quality time with their

fathers, but he spent most of his time alone. For example, Christopher explained, *“I was 12, 13, 14 and my buddies were out fishing with their dad or working on cars and, you know, I just went out into the woods by myself and shot squirrels and stuff like that.”*

Similarly, Kennedy attributed his own behavioral decline, to some degree, to his father’s death. He explained:

Basically, I don’t know that father role model, I guess. I didn’t play sports after that, which then led me into probably hanging around the bad crowd, getting in trouble, starting to steal. That shit probably would’ve never happened if my dad was alive ‘cause I would’ve fuckin gotten in trouble for it.

For both Kennedy and Christopher, their father was the person they looked to for advice and to teach them right from wrong and how to be a man. Once they lost their fathers, they also lost that cognitive support.

As mentioned earlier, Noten’s Aunt Carrie eventually escaped the abuse of her husband, Noten’s uncle and adoptive father, running away with Noten to join two of his older sisters in Maine. When they arrived in Maine, Noten recalled, he was finally happy and secure, having been reunited with his oldest sister Sue. He explained, *“I had a good time, I was back with my sisters. Sue took care of me, she loved me. That’s the only love that I ever felt... I felt more content.”* When I asked about Sue, Noten’s oldest sister, he described her as the one who raised him. When his Aunt Carrie adopted him, he explained, *“They took me away from the only family I knew. And my mom, she didn’t raise me, my older sister Sue did. I looked at her as my mom.”*

Noten’s perception of Sue, who was 15 years older than him, was that she was his caregiver who provided both material (e.g., a home in Maine) and emotional (e.g., empathy)

support. I asked Noten to tell me some of the things that let him know that Sue loved him more than anyone else loved him. He explained:

I got away with a lot more. As far as drinking and drugging and wild women that I ran with...she never, as far as—we talked about it—but she never threatened me with it like the old man would. My other sisters would be mad about it and want to fight me about it and she never was like that. She'd come out and tell me, and cuss at me, tell me exactly how she felt but then again, in the same breath, she'd say, "But I love you Noten. I just want you to know how I feel about that and be careful."

Sue loved Noten unconditionally. This love and acceptance was absent from Noten for most of his life. What little time he spent with Sue in Maine may have been the only time in Noten's life where he felt that emotional support. As outlined in the ACES sections, above, most men I encountered for the purpose of this study had damaged attachments with one or both parents and experienced a chasm in their lives without parental love and support. For this reason, the majority of the men I have encountered had to go beyond their immediate family to find surrogate support.

Surrogate support. Surrogate support represents participants' perceptions of needing to seek support in lieu of absent parents. Participants most often sought cognitive support from extended family members (e.g., uncles, grandfathers) or from close community members (e.g., friends' fathers). For some, the surrogate support was not sought out, but it was accepted fully as a replacement for absent parental support. For Pete, his father abandoned his family so early that he had never met him. When a woman approached Pete in the school parking lot one day, asking if Pete would like to meet his dad, Pete rejected her invitation. He explained, "*I said – 'cause my dad's my grandpa—so I said, 'My dad's not over in that parking lot. Whatever clown you got*

over there in that truck, you guys can go ahead and break camp, 'cause I ain't got nothing to say.” He was so accustomed to the absence of his biological father, that he no longer expressed any interest in meeting him, which illustrates his acceptance of his grandfather as a paternal surrogate.

Sam, whose father was abusive toward his mother and eventually abandoned his family, found a surrogate in his uncle. He explained, “*Yeah, my cousin's dad. Like I said, those kind of people were always my father figure until I figured out who my dad was [at 18].*” However, Sam recalled, his uncle's advice was not always good advice:

He'd give me some of his advice and he wouldn't—not to this extent—just what he thought in his head. It might've been right to him but wrong to other people too, so it's kind of a win/lose situation. Because you might start following what he said—his ideas—but some of them could've been wrong too.

Interestingly, when Sam finally reunited with his father at 18, he perceived his father as making amends for his previous injuries, because his father began providing Sam with cognitive support. Sam learned his trade from his father and continues to seek his support today for work related assistance.

Similarly, Outkast relied on his extended family to make up for the fact that, though his parents were present in his life, their divorce had made it difficult to make many meaningful memories. In his words, when he talked about feeling loved and being close, he was referring to his extended family. He said, “*I'm talking about more my uncles. My parents kinda split too early that it was like, I don't really...like my memories are from our pictures.*” For the first several years of his life, everyone in his family was there if he needed anyone. His grandmother

was, perhaps, the most important person in his young life. When I asked him to share a specific time when his grandmother helped him, he responded emphatically:

There's too many to pick one. It just goes—Grandma always listened no matter what. She didn't judge and she always—You talk to your parents, and you talk to anyone else in life, they always got an opinion and whatever—Grandma don't—Grandma will just tell you to do better.

It appears as though Outkast's grandmother was a source for emotional support, helping him feel love and acceptance, and cognitive support, in which she helped him make sense of difficult situations. Upon further reflection, Outkast decided that, though he turned most often to his grandmother for help, his family members were all supportive. In his own words, he explained:

I'd just say that in my family—yeah, I talked to my grandma but...all of them...you could've really picked anybody to go with. You could've picked anybody to make the one phone number that I'm gonna call all the time, and they would've still helped you and it would've been the same.

For Christopher, whose father died and whose mother worked so much she was rarely home, he sought cognitive support from his friends' fathers. Despite being able to join his friends, on occasion, he acknowledged that his friends' fathers were no substitute for his own. He explained:

My buddy's dad would take me fishing and taught me how to work and stuff like that but like I said, we learn through repetition so much that you know when you only get one weekend with a guy teaching you stuff, once a month if you're lucky, you know whereas everyday even him harping on you is teaching you something. It just took me a lot longer to learn a lot of things, and I'm still learning you know the man stuff. It was rough.

Despite having a surrogate male role model, it is clear that Christopher still felt not having a father was a major disadvantage in his need for information and skills.

Lee reported that if he ever needed support from anybody, he would go to his grandma or his uncles. When I asked who his grandma was to him, Lee explained:

I guess everything. She would come rescue us from the house when shit was getting too rough and keep us for a couple days. We'd call her, or she'd just come get us for the weekend 'cause she knew we'd wanna get out of the house. I had a really close relationship with her.

When I asked him to describe his relationship with his uncles, tears filled his eyes. He lost his uncle Craig in 2012 to a motorcycle accident. Lee described their relationship further, “*He was a father figure growing up, he was like my best friend. I still tear up talking about him, I miss him a lot.*” His uncle John would take Lee fishing, and they would have fun and hang out.

Lee told me that he felt comfortable talking to his grandma and uncles about what was happening at home and how it made him feel, which was not common among the study participants nor among men in the AIP groups. However, due to Lee’s disclosures, his grandma called Social Services at least once, which resulted in having Lee and his brother pulled out of their stepfather’s house and placed into Grandma’s care for a few days. Additionally, both John and Craig would stand up to Lee’s stepfather. Lee explained, “*They would talk to him. Just go down there and take me with them and explain to him that if he kept touching us, shit was gonna happen.*” In fact, Lee remembered, “*They went over and beat my stepdad up a couple times.*” Lee explained that a lot of what they did and said made him feel better (i.e., supported). Not only did Lee’s surrogates provide material support (e.g., protection), they provided emotional support (e.g., empathy, allowing him to vent his feelings). Though he doubted his own mother’s love,

Lee remembered that Grandma, Craig, and John were sincere. He remembered, *“They would tell us that they love us and they would help out as much as they could.”*

When Harley’s brother was terrorizing his family and making home life nearly unbearable, Harley looked to one of his mother’s friends for support:

One lady in particular...people can judge what they want, but she was the one that would let all the teenagers smoke in their house, but she was full of wisdom. Honestly, she was a great lady and wanted to just help all of us. She assumed, at least, we were all doing it there, we weren’t running around being fools.

I asked Harley what it was that his mother’s friend said or did that was helpful. He explained that she offered advice, but that when his parents threatened to send him to foster care, as mentioned earlier, she offered to take him into her care. He recalled, *“She was gonna let me move in one time...When [my parents threatened us], I turned to my elderly friend at that time, and she said she would—she’s like, ‘I’ll take you in.’”*

The older woman in Harley’s life gave him the security of knowing he had somewhere to go if he needed to. Though it never happened, Harley made it clear that he was grateful for her support. In addition to her material support (e.g., offering him a place to stay), she offered him emotional support by letting him vent his frustrations. Harley remembered, *“I would just talk to her about how shitty this whole—my parents being jerks—and the whole situation. We’d kinda talk about that shit, but [laugh] I can’t ever remember what she would tell me in response.”*

Though he could not recall any specific advice, he knew in his gut it was good. He said, *“It just—it felt right.”*

Finally, Emilio felt neglected by his parents who worked constantly, but around the age of seven, he found refuge with his dad’s brother. Emilio said that his uncle *“was a good role*

model. He was for everybody.” Emilio remembered some of the advice and motivation he would give:

He’d tell me, “You need to do stuff with your anger,” and how to do the right thing and stay in school. When we were in high school and middle school, he would pay us for good grades, so we would try to get good grades. He would pay us like 50 dollars.

Emilio was so young that he did not get to see his uncle very often, but he explained how, one day, that all changed:

At that time, I didn’t see him a lot ‘cause I was young. We’d just see him at parties. Then one day, I just remember, “Hey we’re gonna go play soccer.” I didn’t even know how to play but I liked it the first time I played. After that, he would take us—we’d have a night at his house, our couple other cousins and my brother, and he’d buy pizza and watch movies.

As a result, Emilio’s uncle began coaching the boys as a soccer team, and Emilio began feeling good about himself. Emilio’s uncle provided him with a great deal of cognitive support (e.g., advice, how to play soccer), but he did not provide emotional support. I asked Emilio if he ever had an opportunity to sit down with his uncle and talk to him about how he felt, but the answer was “no.”

Emilio’s experience is much more the norm for the men I encountered at FSE. Though the surrogate support received by men in the accounts above are varied, it was much more common to hear that men received material or cognitive support, but lacked emotional support. Some reasons for this phenomenon are discussed in relation to social support messages, below. Furthermore, though many men shared examples of surrogate support that was positive, many

others developed social ties with strong negative influences. The next section provides a few cases to illustrate this pattern.

Social ties with negative influence. In previous sections, it can be clearly seen that there was a prevalence of gang membership, criminal activity, and drug use among the men in this study. Due to such influences, many of the social ties that the men developed in their youth were negative, though at the time they provided connection, protection, and a sense of identity.

For example, Kennedy admitted that after his father died, he began hanging around with other kids who were getting into trouble. In his own words, he recalled:

I never had a dad after that. Or any kind of male influence. That's why I ended up in the streets 'cause that...that was my male influence. 'Cause I was basically gang-banging without being in a gang...It wasn't a gang, but it was a bunch of little punk-ass kids. Shit, we was our own gang. And we was making money. I sold a lot of drugs in my life. I might not do them, but I used to sell them.

At 12, Kennedy and his friends were vandalizing the neighborhood. At 16, he had his first drug possession charge. At 17, he was arrested for robbing a convenience store. Before his father died, Kennedy was doing well in school, playing sports, and generally staying out of trouble. However, his father's death and his mother's emotional estrangement left him without any positive social ties.

Pete had a similar experience. Since his older brothers were members of a street gang, he started selling weed when he was 14. Pete told me that he started getting involved in selling weed "*because they had it all the time and it was easy.*" Though his brothers were often cruel to him, Pete looked up to them and depended a great deal on them to provide him protection. However, their material support had unwanted consequences. Pete explained, "*If anybody*

messed with me, [my brothers] were ruthless. Pretty much. I didn't get messed with too much after I turned about 12." When I asked him if their protection had any drawback, he told me that it made it nearly impossible to make or keep friends. In Pete's words:

It seems like everybody's gotta be fake, or they don't want to talk to you because they don't want you to think that they're—is what it seemed like to me. Lot of people get real quiet when I come around.

Thus, his brothers' "help" became more trouble than it was worth, and eventually led to Pete becoming very isolated with the exception of a couple of friends. He explained, "*Growing up with them being my brothers...a lot of people know they're—a lot of people didn't wanna talk to me, lot of people didn't like me.*" Pete remembered one specific occasion in which he was openly rejected because of his affiliation with his older brothers. When he was in the third grade, he and a friend went to play with another kid from the neighborhood. Upon arriving at her house, Pete's friend introduced them, and this is how Pete remembered her response:

She was like, "You live over there with those two boys? With the one that drives the green Cadillac?" Describing them...and I said, "Yeah, that's my brother," and she said, "Oh I don't want you in here. I don't want any kind of problems."

In general, the majority of men in the current study had a deficit of supportive social ties and lost their most important primary caregivers due to abuse or household dysfunction. Though there were a few exceptions, the overarching pattern was that these men had to seek support from extended family members, friends, and gangs, often finding that their surrogate support came with a host of negative influences.

Due to the length and complexity of the results for the second research question—*How do men who have perpetrated intimate partner violence perceive social support during*

childhood?—it would be helpful to review the previous sections before moving on to the next group of themes. The previous three sections reflected the first larger category of social support—*availability and quality of social ties*—which provided three themes, reflecting men’s perception of social embeddedness and received support (i.e., *absent parents*; *surrogate support*; *social ties with negative influence*).

The next six sections address the second larger category of social support—*social support messages*—providing two major themes and six sub-themes, each reflecting patterns of social support messages that were commonly received. The messages men received each reflect the presence or absence of social support types: (1) *material*, (2) *cognitive*, and (3) *emotional support* (Barrera, 1986).

Social support messages. The two major themes in this section are: (1) *take care of yourself* and (2) *can’t talk about feelings*. For the major theme, *take care of yourself*, the three smaller themes were: (a) *take care of (adult) business*; (b) *don’t ask for help*; and (c) *you’re only by yourself*. For the major theme, *can’t talk about feelings*, the three smaller themes were: (a) *nobody to turn to*; (b) *emotions are not manly*; and (c) *get help, and somebody is gonna get hurt*. There were distinct patterns of masculine support messages that men received as they were growing up and struggling to survive their adverse experiences.

Take care of yourself. The first major theme, *take care of yourself*, is based on participants’ perceptions of social support messages. The *take care of yourself* theme includes the following three messages about social support: (a) *take care of (adult) business*, (b) *don’t ask for help*, and (c) *you’re only by yourself*, which are described in the following paragraphs.

Take care of (adult) business. The first message associated with the first major theme—*take care of yourself*—is *take care of (adult) business*. Participants recalled learning at an early

age that they had to take care of business that was typically considered an adult's responsibility. As mentioned above, Christopher's parents separated when he was three or four years old. His father, who was mostly absent throughout the remainder of Christopher's childhood, died when Christopher was 12 years old. Though his mother and aunts were a strong presence in Christopher's life, his mother worked two jobs and was never home. Christopher recalls having to do so-called "men's" work all by himself. As reflected in the current passage, Christopher explained what it was like to be a young man growing up without a male figure in the household:

And within the next couple of years, you gotta start learning how to be a man and there was no man around to help you. And that's something that I carry with me to this day of nobody helped me. I had to do it all myself.

An absence of cognitive support in Christopher's life made learning how to do things exponentially more difficult, yet it was still necessary for him to *take care of (adult) business* by himself.

As previously mentioned, Noten was adopted by his aunt Carrie when he was four years old and his own mother decided she could no longer care for him. After years of physical abuse from her husband, Carrie escaped with Noten to Maine for a short time. However, Carrie's husband eventually found them in Maine and brought Noten back with him to Kansas, divorcing Carrie. As a result, Noten was left to live alone with the man who he would eventually call his "dad." Noten's dad expected him to cook and clean and physically punished him if Noten failed to live up to his expectations. In one way, Noten's dad imposed such expectations on him that he was solely responsible for household chores, such that might be expected of a caregiver in the traditional sense. Thus, Noten received the message that it was up to him to *take care of (adult) business* rather than expect to receive material support from his dad.

Craving freedom from his dad's beatings and drunkenness, Noten began to *take care of (adult) business* in other ways and found escape in full time employment at age 14:

I had money, I always had money in my pocket. Then, like I said, I had my permit when I was 14 so I went and bought the car I wanted. The old man said, "I ain't got no money to get you a car, get a fucking job." [laughs] I took them words, I said, "Well, if I get a job, I won't have to be home, I won't have to see none of this shit, and I'll go out and buy me a car." So I ended up buying me a 1970 Monte Carlo. And I had money and I paid cash for it, got insurance and everything. And I could drive from home to school. I was a freshman in high school...and that's what I did.

In his sophomore year of high school, Noten began paying for his own tuition, which was about \$1,200 annually at a private Catholic school. At 15, Noten filed taxes by himself. From being abandoned by his biological mother to the refusal of his adoptive father to provide material support, Noten found that he could not depend on others to provide material support. Instead, he had to take care of himself.

Harley stopped going to school when he was 15 years old. He went to truancy court, and his parents wanted him to continue going to school, but somehow Harley managed to drop out without any legal consequences. He told me that his dyslexia and other learning disabilities made school too frustrating, and he began going less and less. Harley explained:

Nothing I needed was coming out of the school. I could make money aside from school and once I got a truck, it was pretty much over after that. All the money I made went into it and that was my passion, was working on my truck. I could escape from everything and everybody in my truck. It was the best thing.

In many ways, participants' stories indicated that once they began to *take care of (adult) business*, they no longer needed to depend on caregivers who mistreated them. Remaining a dependent was riskier, because their needs were not considered and, in many cases, their caregiver was neglectful or abusive. Thus, participants became their own caregiver.

Don't ask for help. The second message associated with the first major theme—*take care of yourself*—was *don't ask for help*. In addition to needing to *take care of (adult) business* in order to obtain material support and freedom from their abusers, participants reported that they were never encouraged to ask for help when they needed it. Instead, they were actively discouraged from asking for help. In many ways, the discouragement came in the form of a lesson, teaching the young men to learn that the world is not there to provide help; help is something you do for yourself. For example, Outkast remembered that he and other kids from the neighborhood would wrestle in the living room. He smiled and bragged that he was big for his age at six, so he got to wrestle with the older kids. He recounted his father's response when, one day, things got a little out of hand:

I'm only like six years old. And one of the older kids...gets me from behind, got me in a headlock, choking me...he had me well enough where I could feel the pressure and I could feel it starting to...and I yelled for help...And my dad comes in and he says—pulls the other dude off, spansks me just one time, not nothing hard just [one slap noise]—"You got yourself into it. Don't yell for help. Yelling for help is when you're falling off a cliff or I'm about to drop this something heavy. You chose to fight, don't yell for help."

Outkast believed his father was trying to teach him an important lesson, which is that you can only *take care of yourself*. In his father's eyes, you do not ask for help unless you truly need it (e.g., falling off a cliff).

As mentioned above, Pete had two older brothers, seven and nine years his senior. When Pete was only four years old, making his brothers 11 and 13 years old, he remembers clearly his brothers' affiliation with a local gang. As they matured, Pete watched his brothers turn from petty criminals to hardened felons. Despite the fact that Pete was often on the receiving end of his brothers' violence and cruelty, he admitted that if he ever needed anything from anyone, he turned to his brothers for aid (i.e., protection). When I asked if he ever went to his brothers for emotional support (i.e., when he was sad), he said, "*Oh yeah, plenty of times.*" When I asked how they responded to his needs, he said with a stern and unemotional tone, "*Quit. I don't know what you're sad about. Only person that can change it is you.*"

You're only by yourself. Indeed, if no one is there to help and you are actively discouraged to seek help, then you have only one remaining point of view, which for participants of the current study was a persistent message of self-reliance. These men learned that they must take care of themselves because they perceive themselves as alone in the world. The third message associated with the first major theme—*take care of yourself*—is *you're only by yourself*.

For example, Christopher recalls being raised by his mother and aunts. Despite this apparent presence of caregivers, Christopher admits that he nonetheless "*spent a lot of time alone.*" He explained, "*Mom worked two jobs, and Dad wasn't around.*" When I asked if he was able to talk to the women in his life, he replied, "*Yeah, I mean Mom and Aunt Mary were always there, but I learned at a small age just to bottle everything in and not talk about it.*" Though he had caregivers that he perceived as available, Christopher did not attempt to obtain support from them. Similarly, Outkast adopted his father's perspective on help seeking and developed his own mantra of self-reliance:

No matter who you align yourself with, no matter what you say to anybody, no matter what anybody says to you, you're only by yourself. All the time, every time. And if you can't do it, ain't nobody gonna do it.

Outkast also shared with me that his beliefs govern his own style of parenting, and he actively teaches his own children the same lesson.

Similarly, Pete's experiences with his brothers and his own eventual gang activities led him to be very concerned about the pitfalls of relying on others for anything. After speaking at length, Pete and I had wrapped up our interview, and I had turned off the recording device. In the week prior, he had mentioned in our group discussion that he and his partner were arguing a lot, so I asked how they were doing currently. He told me that they were doing much better, attributing the improvement to the fact that he had moved out of their shared house and into his own apartment. I asked how this could be, exposing my own biased belief that if someone moves out, that is a sign things are getting worse. What he said "off the record" was a confident declaration of the benefits of being all alone, so I asked if we could recreate our brief exchange in order to record it. He agreed. What we then reenacted (in a neatly encapsulated fashion) the belief that being all by yourself has great advantages for someone like Pete. My part of the following conversation may seem to violate one of the primary interviewing guidelines (do not interrupt), but I used his own words to prompt a repetition of the previous conversation off the record:

Pete: I control myself. I have a lot of self-control with everything, spending money, with anything. I can control myself, and I like it. I like it that way. Then I don't have anybody to blame, and...

Me: And you don't have to depend on anyone.

Pete: Exactly. I never want to do that.

Me: Because, when you trust people, they disappoint you.

Pete: Yep.

Me: Or worse.

Pete: Yeah.

Can't talk about feelings. The second major theme—*can't talk about feelings*—includes the following three messages: (a) *nobody to turn to*, (b) *emotions are not manly*, and (c) *get help, and somebody is gonna get hurt*. The following paragraphs describe how participants were constantly bombarded with messages about emotions.

Nobody to turn to. Again and again, participants reported that, even if they wanted to, they had no one they could turn to for emotional support. Bucky said, “*I have nobody to open up to.*” Jerry, a member of the AIP group who I did not interview, said, “*I didn't really have anybody to turn to.*” Thus, the first message associated with the second major social support messages theme—*can't talk about feelings*—is: *nobody to turn to*.

Emilio lived with both parents, two brothers, and a sister, but when I asked him if he ever had anybody he could turn to when he needed help or talk to when he was feeling sad, he simply said, “*No.*” When Noten finally graduated from high school, he noticed all of his peers wanted to go to college, but he wanted to “*get a diploma and get the hell out.*” He explained, “*I wanted to come here and live with my sisters. Get that family back that I never had—that they took away from when I was a kid.*” All the while Noten was living with his dad, who was largely to blame for taking Noten from his sisters, he was really all alone with *nobody to turn to*.

When I asked Bello if there was anybody in his life who offered help or anyone to talk to, he replied, “*No. People were deathly afraid of my dad.*” He went on to explain that his father had

“never been beaten in a fight” and would “beat people up.” For example, early after they left Bello’s biological mother, Bello’s father married another woman, who Bello described as physically and psychologically abusive and not the least protective of Bello. Revisiting the incident with Bello’s grandfather’s cowboy hat I described in a previous section about ACES, which is just one vivid memory of his father’s explosive violence and the nature of the abusive family dynamic, Bello recalled how he was not able to turn to his stepmother for protection, “I was scared ‘cause I didn’t know where to go. I didn’t know whether to run to my mom, which was my stepmom, and go hide.” When I asked if Bello’s stepmother was there, watching while he was being kicked and ridiculed, he said, “Yeah. But she was afraid to intervene because the whole family was there and you know the River of Cruelty is a big river in that family, you know. Drunks, stuff like that.”

Bello’s grandfather was the only person who would stand up to his abusive father, yet his grandfather was too far away to provide consistent support. Bello said, *“My grandfather, he lived on the reservation like six hours away. No phone on the reservation.”* When I asked how his grandfather would help when he was around, Bello explained:

When I was [on the reservation], he would tell [my father], “You’re gonna get through me? You’re gonna whoop his ass today? Not today. Go somewhere else.” And that was the only person, but he was never there.

Bello admits that he was not able to talk openly about his father’s violence to anyone besides his grandfather until he ran away when he was 16 years old. However, by that time, Bello received little support from friends beyond the ability to self-disclose, *“I would tell all my drug friends, but their story was pretty much the same. You don’t need to harp on that with a bunch of people*

who've already heard it and been through it." Again, Bello received the message that he had nobody to turn to.

When Kennedy's father died, his mother had an emotional breakdown and could no longer take care of him, so Kennedy went to live with his sister. Kennedy said that their father's death, *"hit [his sister] hard, so it's not something [they] really talk about."* Though he acknowledged his sister was able to help him in some ways, Kennedy said they did not talk about their father's death. He explained:

We didn't really talk about it, no. It might come up, but it wasn't like, "OK, man, this is how I feel." I mean, everyone knew how we felt, it was fucking sad. [laughs] She knew I was sad. I knew she was sad. It's pretty obvious. We ain't gotta say "I'm sad." We know why I'm sad, so that didn't really come up. And I just got really hardened after that.

Kennedy said his sister *"tried to take care of [him], but [he] just kinda went into [his] own thing."* In this way, Kennedy was left to his own devices, and instead of seeking emotional support, he turned to selling drugs and petty theft. Kennedy explained:

Once I started getting older in teenage years and started doing a little bit of that time. Time really hardened my ass. That fucking 15 months... 'cause I came out of there just...straight into the street. I mean, I was already doing the street thing but when I came back I got a lot of street cred for not saying anything [about a crime he and his friends committed] in the first place. And then I was just a badass after that.

Kennedy's experience is not unique; many participants reported turning to drug use, selling drugs, and other criminal activity in their early to late adolescence. However, Kennedy's description of the transition from losing his father to a life of crime exemplified his purposeful journey to become *"hardened."* This became even clearer when I learned that he once walked out

of the AIP group because he started crying about his father's death. In our interview, I asked him if it was difficult to watch his father deteriorate so quickly. This was his response:

Kennedy: It was pretty scary. I remember crying back then—that's not something I usually talk about. That's the one subject I don't talk about. Like Hank [FSE's Director]—if you ask Hank, that's the one thing I broke down in class about—and then I didn't come back to class.

Me: But why? What's the risk in talking about your father?

Kennedy: I don't know. It makes me...I'm not a feelings kinda person. I'm not gonna let those feelings arise. I know they say it's healthy to get stuff out like that, but it's not, in my opinion. There's certain things you don't let out. 'Cause that could fucking, ultimately derail a train.

This passage suggests that Kennedy believes emotional expression is too messy to control and letting “*those feelings arise*” makes it difficult to be productive. He said doing so would “*ultimately derail a train*,” meaning *his train*—his life, his progress.

Emotions are not manly. In addition to messages about self-reliance and suppression of emotions in general, participants reported receiving messages about emotions that made it clear men don't show emotions. Thus the second message associated with the second major social support messages theme—*can't talk about feelings*—is: *emotions are not manly*. For example, Lee remembered, “*For my stepdad, crying was not allowed...I don't think I ever seen my grandfather cry. Not my two uncles. I've seen one tear up once.*” Lee recognized a pattern among the men in his family that they were stoic and unemotional men. In more than three decades, Lee has only witnessed one uncle cry one time. Similarly, Bert acknowledged, “*My dad doesn't really discuss feelings too much,*” and later added, “*I don't like to discuss feelings that much*

either, so we get along just great.” Here, Bert talks about being unemotional as a benefit to his relationship with his father.

Like Bert, many men in the AIP group bought into the expectation that men were not supposed to be emotional. However, Kirk expressed his frustration with the idea that emotions are not manly. He explained:

We’re groomed to not show our emotions, but even though that’s how society’s made us as man, that doesn’t mean we don’t feel emotions. That doesn’t mean we don’t feel anything. Although we may not show it or express it, we very much feel, and if you say [you’re not wanted] to me, it hurts.

Christopher’s experience was very common among the men I observed and interviewed.

His mother was able to provide material support, and some surrogate support providers (e.g., friends’ fathers) were able to provide limited material support (e.g., how to hunt and fish).

However, Christopher made it clear that throughout his childhood there was an absence of emotional support. I asked Christopher if he was able to talk to any of his surrogate support providers about how he was feeling at the time, and he replied, *“No, I never had that...typical men don’t sit around in a car and talk about what they’re afraid of or what they’re sad about.”*

Christopher recognized that emotional expression, or talking about feelings, is not something that men did. He said, *“[My best buddies] are gonna think I’m a pussy if I say this, you know.”* The label “pussy” is often used to emasculate a man (Katz, 2006; Minor, 2001), and it was common among the AIP participants. However, this verbal injury is not reserved only for men to use against other men. One night in the AIP group, Tim told us about how his mother lied to him saying his dog ran away. Later he overheard his mother talking to a neighbor about having really taken the dog to the pound. When Tim confronted her, crying, she said, *“Shut up. Don’t be a*

pussy.” Similarly, Bert said that his mother was often worse than his father when it came to talking about feelings. If Bert ever went to his mother with a problem, she would say, “*Ah, quit bein’ a puss.*”

Men also described how their early messages about feelings influenced how they raised their own boys. When I first met Harley, he was close to graduating from FSE’s program. One night, he told a story about a time when he took his five-year-old son dirt bike riding. I asked him to retell the story during our interview, because it relates to emotional expression and unsupportive messages:

It was pretty bad. I treated him way too much like an adult or beyond his knowledge or capacity. I never took into consideration that his five-year-old body can’t pick up a scaled-down dirt bike. I never [laughs] never deeply thought about what I was doing or how it was affecting him. I bashed him really hard one day where I was frustrated to my end. And if I’m having a hard time riding, well damn, at five years old how hard must it have been for him? But I wasn’t thinking that, I was just trying to get us out. And I’m telling him, “Come on! Get your shit together! Get on that motherfucker and ride it! Come on!” Just yelling, yelling, he’s falling over and getting frustrated and crying... it doesn’t help that I’m sitting there bashing him in his ear.

I asked him if it was okay for his son to cry at the time, and Harley said, “*No, no it wasn’t okay. There’s no crying in dirt bikes. It was, ‘Get on the fucking thing and let’s get the fuck out of here.’*” When I asked Harley if he had any memory of crying when he was a child, he admitted that his parents responded to his tears much the same way he responded to his own son’s tears. He could not give a specific example, but he made it clear that crying was not tolerated by his parents. He explained, “*I know there was instances where I had lost something*

and would've been crying and would've got shit for it. Just, 'boys don't cry' type of shit. They'd get sick of hearing it, I'm sure."

Again and again, the men I interviewed and observed cited the feminine nature of emotional expression. Though some, like Kirk, critiqued the restrictive quality of *emotions are not manly*, many bought into the idea that it was not only normal for men to be unemotional, but that it was best (e.g., Kennedy did not want to “*derail the train*”). For others, not seeking support was more than just what men did, it was what they had to do to stay out of harm’s way.

Get help, and somebody is gonna get hurt. Many men reported that seeking support or showing your emotions was dangerous. They were either discouraged through intimidation and threats of physical violence or through the belief that emotions could be used against them. The third message associated with the second major social support messages theme—*can't talk about feelings*—is *get help, and somebody is gonna get hurt*. As an example of threat of harm, Pete told me that he did not have anyone to talk to after his older brothers handcuffed him to the fence. Pete’s brothers warned him, “*You better not say nothing when you get [home]. All you're gonna do is cause a scene and you've already caused enough today.*” They blamed him for what happened that day, and when I asked if there was a safe person he could talk to, openly and unconditionally, he said, “*No, because I knew that if somehow, someway, something did come around that I told about this then...It'd be my ass.*”

Similarly, Bello was unable to tell anyone about his father’s abuse. He explained, “*People were deathly afraid of my dad.*” In addition to other people’s fear, Bello’s father threatened him with physical violence to scare him out of telling anyone about his abuse. Bello told me how he remembered what his father once said to get his point across: “*If I ever get in*

trouble, I will put you in the hospital as long as I'm gonna be in prison. I'll break every bone in your body."

On the other hand, many men believed that their emotions could be used to harm them in a different way. For example, Kennedy learned when he was very young that it was not acceptable to show emotions. In his own words, he explained, *"If people don't know your emotions then they can't fucking dial in on you."* He explained that *dialing in* meant to take advantage of your weakness. When I asked him who was the first person to *"dial in"* on him, he said the following:

The kids in school probably. 'Cause obviously, if I'm getting worked up, and my feelings are getting hurt 'cause you're making fun of my shoes, and I'm going "Man, don't make fun of my shoes you asshole," or whatever, then they're just gonna play right onto that...Emotions can be used against you.

Summary of RQ2: Perceived Social Support During Childhood

In general, the men I interviewed and observed had few, if any, positive social ties, and most suffered the effects of damaged attachments by losing one or both parents (or other caregivers). Additionally, most men received traditionally masculine messages during their childhood that discouraged them from seeking help and support, especially emotional support. Though a few (e.g., Lee) had surrogate supports with whom they could talk openly, most admitted that they had no choice but to deal with their problems all by themselves or bury them so deeply that they did not think about them at all. Furthermore, many men sought surrogate support from extended family, friends' fathers, and peers to make up for inadequate support at home. As the result of seeking surrogate support, some men found benefits (e.g., material and cognitive support), yet others discovered that some social ties came with negative consequences

(e.g., drug use and criminal activity). Overall, perceptions of social support among participants in the current study were low or significantly lacking. However, the AIP group holds the potential to provide new positive social ties, accompanied by a sense of respect and acceptance, while communicating new social support messages that encourage emotional expression and support seeking.

RQ3: Perceived Social Support as Members of the AIP Group

As noted earlier, in order to access the population of men who have perpetrated IPV, I became a participant observer at a local abuse intervention program (AIP). It is important to note that the AIP I chose for this study, Family Safety Enterprises (FSE), differed dramatically from most AIP in the United States. FSE approached the intervention process with many of the same traditional tools of The Duluth Model, prioritizing victim safety and perpetrator accountability by educating men about patterns of abuse and control. Along with participation in an active community coordinated response, the FSE program also utilized cognitive behavioral therapy (CBT) tools (e.g., control logs) adopted from Duluth training. However, FSE is arguably unique in that it incorporated trauma- and emotion-focused content in the AIP curriculum.

The FSE affective component. As a trauma-focused program, FSE offers an affective component that is not present in most other AIP curricula. As outlined in Chapter One, FSE operated on five basic assumptions and focus areas: (1) safety, (2) accountability, (3) attitudes and beliefs, (4) adverse feelings, and (5) tools and skills. The first three focus areas (safety, accountability, and attitudes and beliefs) and the fifth area (tools and skills) can be found in most, if not all, other AIP programs across the nation (e.g., Duluth Model programs, EMERGE). The fourth focus area (adverse feelings) is very unique to the FSE research site (cf. Allies in Change, Portland, OR).

In addition to the traditional AIP tools mentioned above, and also described in Chapter Two, FSE practitioners focused on helping perpetrators heal from their own traumas through the use of a metaphorical framework called *The River of Cruelty* (Miller, 1984, 2002, 2006), which suggests that one does not treat others with cruelty without having been treated cruelly oneself. Thus, FSE operated under the assumption that each man who perpetrated IPV experienced some degree of adverse childhood experiences, harbored unprocessed emotional loads, and needed to talk through these emotions in order to change negative thinking and, subsequently, interrupt patterns of abusive behavior. FSE facilitators taught group members that when we have an adverse emotional load, we have three broad strategies to choose from: (1) to sit with (i.e., accept and tolerate) and feel the emotions; (2) numb ourselves (i.e., drink and take drugs); or (3) pass it on to somebody else. The overarching message was that healthy people can sit with the discomfort of adverse emotions and recognize that the feelings will pass. The biggest affective goal for AIP participants was to learn how to recognize and sit with their emotions.

When I attended FSE's facilitator trainings, *The Art of Facilitation* and *The Affective Component*, I learned that facilitators were expected to model emotionally-charged activities, self-disclose when appropriate, and help men learn to "sit with" their adverse feelings instead of using defense mechanisms and unloading their adverse feelings onto someone else. The FSE curriculum contained sections dedicated to addressing adverse feelings while simultaneously holding men accountable for their own cruel behavior. For example, in the first section of the curriculum, group members were prompted to make two lists: (1) "Cruelty I Have Used" and (2) "Cruelty That I Experienced." Group members discussed the cruelty that they experienced as children and the adverse feelings that resulted. This discussion was designed to encourage men

to be introspective about their own experiences of cruelty, the associated adverse feelings, and how each influenced their own cruel behavior.

In addition to group discussion, FSE facilitators led group activities that were designed to practice this awareness. One activity that exemplified the affective component at FSE was the “Two Chair Exercise.” The “Two Chair Exercise” was a part of the curriculum in a section called, “Personal Introspection.” For this exercise, the curriculum included the following instructions:

NOTE: FACILITATORS SHOULD ALWAYS ROLE MODEL ACTIVITIES PRIOR TO ASKING PARTICIPANTS TO ENGAGE. Before doing this exercise, attempt to create as much safety as possible in the group. Place two empty chairs in front of the room. Ask members to sit in one chair and describe the “parts you want people to see.” Then, move to the other chair and describe “the qualities you attempt to hide from others.” Each member can decide which chair to sit in first. (FSE Curriculum, 2012, p. 18)

After each member finished with both chairs, the facilitator would ask three prescribed follow-up questions: (1) “Which chair do you find more comfortable to sit in?”; (2) “What do you see as the risk for you if people know the hidden parts of you that you just mentioned?”; and (3) “What do you feel right now?” (FSE Curriculum, 2012, p. 18). The purpose of this exercise was to show group members that we all have parts of ourselves that we hide from others (e.g., substance abuse, a prison record). The “Two Chair Exercise” would lead to a discussion in a subsequent section of the curriculum that further explained how we go to great lengths to protect our hidden parts from others: we “drink ourselves into oblivion, lose relationships, and sabotage successes in our life to keep the [hidden parts] protected” (FSE Curriculum, 2012, p. 19).

As a participant observer, I was able to witness men's interaction with facilitators and the program material. Additionally, due to the length of my observation period (i.e., 10 months), I was able to watch as men changed over time. In my interviews, I was able to dive deeper into men's experiences in the group and understand better how they viewed the facilitators' roles, their peers' involvement throughout their group membership, and how group was different from their everyday life.

The following sections attempt to answer the current study's third research question—*What benefits and challenges do men who participate in trauma-focused abuse intervention perceive with regard to social support?* The paragraphs below offer examples of the 10 themes related to social support as a function of the AIP group: (1) *open to the group process*; (2) *resistant to the group process*; (3) *the group process takes time*; (4) *facilitator support*; (5) *facilitator self-disclosure*; (6) *peer support*; (7) *peer self-disclosure*; (8) *lack of peer self-disclosure*; (9) *group is different from real life*; and (10) *sharing repressed emotions*.

Open to the group process. My observations and interviews with men repeatedly indicated that the degree to which any one man benefitted from attending the program was dependent on his openness to the program itself. Some men entered the AIP group with an open-minded approach and goals for change, recognizing that their thinking was getting them in trouble and hurting others. Others became open as the weeks progressed (this phenomenon is discussed in a later section). Thus, though the first theme—*open to the group process*—does not directly relate to the research question, it is a pattern that emerged, illustrating what was necessary to gain access to the social support available in the AIP group. For example, Christopher said, *"I wanted to change, I knew I needed to change."* Christopher remembered how afraid he felt when starting the classes. In his own words, he noted:

I remember knowing I needed a change. I remember showing up to the orientation and just really having no idea what was going to happen and—you know—but just knowing that I just needed to kinda build down my old house and start with a new one. And I knew that walking in, and I was very nervous and afraid and um...just kind of an open book—a blank page an open book whatever—and I just retained everything that I could.

In our conversation, Bello said that his open mind had allowed many experiences to influence him and let him grow over the years. He reflected, *“I also kept like an open-mindedness about it, because like I’ve had to do some other things in my life to get myself back on track.”*

The men who approached the classes with an open mind appeared to get the most out of the curriculum. For example, Emilio reflected happily on how he started the program and what he got from it all:

I got an open mind, so I just came in there knowing that I had to...I really thought that I needed it. I’m really glad that I took it. I knew it was gonna show me something. That I was gonna get something out of it. ‘Cause I was like, “I’m doing it. Let me see what it’s about. Might as well.” Took a chance, I guess.

Christopher reported that he also felt as though his willingness to “*follow through*” helped him gain a greater understanding of everything that was going on in his life. He recalled:

If you pay attention and follow through and just work on it that week, whatever we talked about, just focus on it for that week, and you know when he talks about something the next week and focus on it...just repetition, I guess...just um, you know, weeks of putting one thing to use for days, and then you remember all the steps you been through...and the way he simplifies everything to where even I could just understand everything so great.

Men who advanced with an open mind, recognized that they needed to change their thinking. Many already recognized that their own behavior was causing problems in their life, and they wanted to change. For example, Bert acknowledged that he became aware of his problematic thinking with some help from his children. He said, *“Sometimes your point of view isn’t...if you notice patterns...my kids notice the way I’ve been thinking for quite a while, and it’s not working out so well for me.”* From a different perspective, Christopher noticed he needed to change when he listened to Hank during his AIP orientation. When I asked Christopher if he connected with ideas in the orientation that he had never put together previously, he said his change in thinking happened *“immediately.”* In his own words, he explained:

[Hank] put it in such dummy terms, is what I call it, most anybody would have walked out of there feeling like an asshole let alone someone that was an asshole. I mean it’s self-recognition, or self-awareness.

Christopher went on to say he wished he had understood the AIP concepts earlier in his life. He lamented:

I think it should be a high school curriculum. When I was in high school, I would have been like, “Whatever, blah de blah,” but that would have still been in the back of my mind, the education I received...I’m so upset that it took me until I was 28 or whatever to learn all that I’ve learned.

Bert had similar regrets. He reflected over his marriage and how an education like this would have helped him sooner, saying, *“I’ve never been properly educated on all this stuff. I’ve been married for 10 years, and I’m recognizing patterns from both sides that was not healthy...that just continued throughout the marriage.”*

The above examples illustrate that open-mindedness and the ability to be introspective are essential to gaining benefits from the AIP group. For many men, they seemed to be starved for information that could help them change for the better.

Resistant to the group process. Despite the fact that some men came into the program open to change, more men seemed to start the AIP group with resistance. These men typically refused to participate at first, becoming more open as the weeks progressed. However, I did observe one man who failed to complete the program (i.e., Outkast) and was deemed to have received “*maximum benefit*.” “*Maximum benefit*” suggests that a man has received the most benefit from the program without actually meeting all requirements. Though I only witnessed a man receiving “*maximum benefit*” once, it appeared as though resistance to the program is to blame. When I interviewed Outkast, he explained his point of view: “*The audacity of anybody to, in 40 hours, think that you’re going to change anybody, is absurd.*” I discuss Outkast’s resistance in greater detail below. Thus, the second theme—*resistant to the group process*—it is a pattern that emerged in contrast to the first theme—*open to the group process*—and further illustrates how the benefits of AIP depend on the group members’ willingness to be open.

Men who resisted, did so for several reasons. Most flatly denied that they did anything to deserve being arrested or blamed their partner, saying that their partner was the one who should be taking the classes. From the first day until his last, Outkast claimed, “*I didn’t deserve to be on probation; I didn’t deserve to be arrested that night; I didn’t deserve anything. I was sittin’ in my own house...not doing anything violent to my wife at all, and she called the cops.*” Similarly, it took Harley well over a year before he finally started the AIP classes. He remembered the lengths he went to in order to avoid the consequences for his actions. In his own words, Harley told me the following account:

When I initially went into it, I honestly didn't think that I had done anything to deserve a domestic charge. I really didn't think I had done anything that would deserve a charge or having to attend a class afterwards. So we tried everything. We called the governor Sam Brownback, and we talked to his secretary to see if there was anything that he could do for me being unjustfully put in classes is what I honestly felt—tried to sweet talk my probation officer [laughs] and anybody I could.

Other resistant men argued that FSE just wanted money or that the criminal justice system was against them. Lee, fully admitted that he was abusive to his partner, but he also said, “*I didn't wanna be here. I thought it was a waste of money.*” Though Bello was open very early on, he also had his misgivings about the program. He remembered:

I felt this is going to suck; this is going to be stupid. They just want my money, you know. Nobody really cares about whether or not somebody else is angry. They don't want to help; they just want money.

Again, more men appeared to be resistant at the start of the program. Though I did not measure resistance in any quantifiable way, it stands out because Molly, the lead facilitator, and I would often discuss the resistant men most after group ended on Wednesday nights. However, we would always remind ourselves to be patient, because the AIP group process takes time.

The group process takes time. In the end, whether starting out with openness or resistance, many men reflected that being successful in the program took time. Hank, the FSE director, would often advise us, as facilitators, to “*trust the process,*” and, sure enough, after weeks of struggling with a man's resistance or hostility, there would be some kind of breakthrough. Thus, the third theme—*the group process takes time*—emerged as one final illustration of how gaining access to the AIP group benefits was not always easy. For example,

though Sam opened up very early in his program experience, he acknowledged that it took a little bit of time for him to warm up to it all. He recalled, “*It takes more than a couple weeks too to really let it process in your head cause the first couple weeks, I was thinking this place is nuts.*” I took note of his change as I observed Sam during group meetings. I watched as he checked in with “*mad*” or “*pissed*,” claimed he did not belong in the group, and made jokes and side comments to other group members. During one particular group meeting, Sam was suddenly talking about how he had taken a lesson from a previous class and applied it to his work environment. Sam attributed this change to some group work he had done with the “Two Chair Exercise.” Often, men would report that they connected with an activity or a group discussion, and that experience would influence their receptivity.

For some, progressing through the program in a linear way would produce a change in attitude. For others, they need a little more time to really make a difference. Christopher was in the group for more than 18 weeks when, one day, he disclosed during check-in that he had been physically violent to his partner over the weekend. The FSE policy is that men have to be violence-free for a period of four consecutive months prior to completion in order to complete the program. As the result of Christopher’s disclosure, he was told he needed to start back at week 11 and get more help. At first, Christopher was angry, but when we spoke during our interview, several months after he had completed the program, he decided it was “*a blessing in disguise.*”

Many men I observed in the weekly Wednesday groups started off resistant to the program and eventually became open to the program. Once a man opened himself to the possibilities, they each reported, there were many benefits that they took with them after completion. Many men shared these turning points when they completed the program. For

instance, when I observed William graduating from the program in his 27th week of group, he told the other guys, *“When I first started coming here, I hated it and didn’t want to be here. After a while, I realized I was learning stuff. It was expensive, but it was worth it...in the long run, it’s worth it.”* Similarly, Ray told us when he completed that he enjoyed the class, but in the beginning he did not want to be there. He said, *“I made myself try to like it enough, so I could get something out of it.”*

In addition to learning about men’s evolution when they arrived at their final week, we could observe changes in behavior that indicated men would gradually open up to the process. For example, Bucky started the program angry and hostile. In fact, he once called Hank and yelled at him over the phone because he was so angry. Any time Molly, Hank, or I tried to engage Bucky in group discussions, he always responded to us with guarded reactions. For instance, at check-in, when everyone else said how they were feeling (mad, sad, glad, or afraid), Bucky would refuse to share. He would say, *“I don’t got nothing to say.”* Eventually, he not only began participating in the check-in and check-out process, he also began to share some of his own list of cruelty that he had previously denied. Bucky attributed his change in participation to having received empathy from Hank regarding his absences. During our interview, I asked Bucky to explain what happened between them, and he shared the following revelation with me:

Hank and Molly talked about [my absences]...and that’s what gave me the idea that he’s trying to work with me, so I gotta give him something. He gave me something, so I gotta give him something. I think I only missed once or twice after that. Instead of just saying, “I have to be here,” now it’s like, “OK, you know they gave me something, you know—respect or whatever you want to say—but I just, oh, I gotta give it back”...that was the turning point.

Many other men reported experiencing a similar turning point. Sometimes, the program content (e.g., parenting, sexual disrespect) caught their attention and motivated them to put forth new efforts to participate. However, most often, men reported that there were other influences at work. In the following sections, I describe and explain how men in the AIP group felt supported by facilitators and by peers in the program. These experiences of support, for many, appeared to have influenced men's willingness to engage in the program's content, which subsequently allowed them to benefit from it.

Facilitator support. The fourth theme—*facilitator support*—is the first theme to truly reflect the nature of social support as a benefit in AIP groups. At FSE, it was clear from my facilitator trainings and my observations that facilitators make great efforts to show support to group members. It was so powerful that facilitators had a reputation of being respectful, helpful, and supportive. For example, one night, a group participant was talking about having trouble completing his workbook. Mick, one of his peers, said, “*Call Hank and Molly man, they’ll help you with whatever you need.*” This proclamation emphasizes how facilitators at FSE go out of their way to support the men in the group. Their supportive demeanor can be observed in other reports from men in the group. For example, Rick claimed that once Molly told him he was doing well. As a result of her encouragement, he started trying harder to participate. In his own words, Rick said, “*Molly said I’m doing pretty good, so that raised my bar up a whole lot.*” At FSE, facilitators make it a point to show men that they respect them and care about them. For instance, every time a man checks in at the beginning of class with an adverse feeling, facilitators ask him about it, assuming that he might need to talk through something distressing. Sometimes men decline the invitation, but most often they take the opportunity to vent and get advice.

Another sign of successful facilitator support is when participants compare FSE to the other programs they have been through. For instance, after we had distributed the ACES questionnaire for our section on cruelty, Richard admitted that he had recently filled out an ACES questionnaire for his substance abuse program and marked that he had zero adverse experiences. However, he explained that he lied. He said that when he filled out the ACES questionnaire for FSE, he marked that he had 10 adverse experiences in his childhood. He explained that he knew that Molly and I cared about him, and it was also important to him to be honest if he wanted to get anything good out of the program.

Facilitator self-disclosure. The fifth theme—*facilitator self-disclosure*—reflects how a facilitator could share personal experiences as a powerful way to support group members. In addition to encouragement, respect, and being available to offer help outside of class, Hank trained his facilitators to self-disclose strategically. This is not a common practice, since many AIP practitioners are social workers and clinical psychologists, who are trained not to self-disclose. In a conversation with Craig McIntosh, who is a licensed clinical social worker with 15 years working with sex offenders and domestic violence offender, I learned a little bit more about the reasoning behind not self-disclosing as a facilitator (personal communication, C. McIntosh, December 20, 2016). In Craig's opinion, self-disclosure is unnecessary and runs the risk of making the intervention about the facilitator and not about the abuser. Instead, he advocates using *Use-of-Self*, which he described as the following:

[Use-of-Self] is me being in the room, with the client, fully present with all of my rich life history, training, experience, and knowledge at the ready. Every place I've been and everything I've done makes me who I am, for the client, at that moment. And it requires nothing of Self-Disclosure.

Craig later added that self-disclosure could “*prejudice [group participants] in some way completely unexpected and unpredictable to even the best clinician.*” Despite commonly held concerns like these, Hank insisted that facilitators, if properly trained to recognize when it is appropriate to self-disclose, could effectively encourage men to become more vulnerable and honest in their group process, which would lead to better group outcomes (e.g., increased partner safety).

The topic of self-disclosure recently surfaced in a thread of posts to the AQUILA group email listserv. AQUILA is a working group organized out of the Batterer Intervention Services Coalition of Michigan (BISC-MI). In a recent post to the AQUILA listserv, Hank responded to several AIP practitioners voicing concerns about facilitator self-disclosure. With his permission, the following is an excerpt from his AQUILA post:

I have been using self-disclosure as a tool for the last 15 years. I completely agree with the comments on not making the group about the facilitator. As in any great tool, there are pitfalls that one can hopefully learn to avoid with good supervision and thoughtfulness. I have found three areas where self-disclosure seems to be valuable: (1) role modeling an activity or process: At the Family Safety Enterprises (FSE), we ask our facilitators to lead by example. For us, this means that we must be willing to do everything that we ask our participants to do, and we must do it extremely well. We call this “setting the bar.” When facilitators take emotional risks, it is common that the participants will follow suit; (2) validating and prompting: Self-disclosure can be a way to communicate empathy and understanding to our participants. This “me too” response can prompt people toward a deeper level of introspection at times when they might be pausing due to a perceived risk in too much vulnerability; (3) illustrating a point: We tell

lots of personal stories at FSE. We have found that if done well, personal stories that illustrate a point open up the participants to share their own personal stories on a deeper level.

Due to the nature of FSE's philosophy regarding self-disclosure, I was able to observe many examples of each of the above three benefits to using facilitator self-disclosure.

On many occasions, Molly, Hank, or I would self-disclose while role-modeling an activity. Men would often remark that our openness was encouraging. For example, Lee said he used to think that facilitators were better than him. He said he thought it must be like, "*Leave it to Beaver when you go home.*" After listening to us sharing our own challenges with relationships and parenting, Lee said, "*It's nice to know you're fucked up too.*" Lee explained that it was easier to open up knowing that we were not going to judge him unfavorably. In fact, Lee once responded to another man's apprehension by saying, "*Molly's a fellow hot mess like us.*" In his own way, Lee was encouraging his peer to not be afraid of being vulnerable in front of facilitators. In a similar way, after one of my few absences from the group's meetings, Molly told me that Sam opened up after listening to her as she modeled the "Two Chair Exercise." According to Molly, Sam said, "*If you can do it, I can do it too.*" She said Sam gave more information and was more vulnerable than ever before when it was his turn to do the exercise. It was also the first time that Sam took accountability for throwing a lunch box at his daughter, admitting that he had been guarded, because he was ashamed of his behavior.

Facilitators played a major role in leading the group and teaching content, but they also possessed the power to influence the group participants in a positive way by being supportive and self-disclosive. In addition to facilitator support, peers also demonstrated the ability to help

each other through peer support and peer self-disclosure as motivation for many participants to become vulnerable in group discussions.

Peer support. Men in the AIP group were often very supportive of each other. Thus, the sixth theme—*peer support*—reflects how group members support each other and provide a safe space for increased vulnerability and introspection. For instance, men would frequently offer different perspectives and, sometimes, useful advice to other men in the group. Brett, who was very resistant in the beginning of his program, showed openness to the input from other men in the group. During one group observation, I watched as Brett shared that he often told his adoptive daughter that he would stop loving her if she did not act right. Outkast warned Brett that he was teaching his daughter to depend on men. Bucky weighed in too; he said Brett's choice to use fear of losing his love as a coercive disciplinary tool sends a message that Brett's love for his daughter is fragile. Brett, who was often resistant to other points of view, said, "*Oh shit, I hadn't thought about it that way.*" By offering alternative perspectives as cognitive support, possibly due to personal experience, Outkast and Bucky helped Brett consider his daughter's point of view and the potentially negative effects of his behavior. In addition to sharing perspectives in order to provide advice to another member of the group, men often influence each other inadvertently through their own self-disclosure.

Peer self-disclosure. The seventh theme—*peer self-disclosure*—reflects how a group member's perspective and personal experiences could positively influence other group members. For example, Blake told the group about how he hated his wife's use of methamphetamines. He described how much money it wasted and how worried he was when she would not come home at night. Harry, who was a meth user, said, "*I've never heard it from the other person's perspective.*" Harry connected Blake's bitterness of his wife's meth use to his own use of meth

and what his own partner must have felt. Similarly, Jerry denied that he had experienced any cruelty in his childhood. However, when Sam shared that his brothers were abusive toward him both psychologically and physically, Jerry realized that his brother was also abusive toward him, but he had always been blamed for pushing his buttons. Until Sam shared what his brothers had done to him, Jerry had always thought that his brother's behavior was his fault or that he deserved the abuse.

As mentioned in Chapter Two, increasing perpetrator accountability is one of the primary goals within AIP. If men can take full accountability for their abusive behaviors, then changing behaviors, and ultimately increasing partner safety, is made possible. In our groups, men would often deny certain behaviors as abusive, until another group member included that same behavior on his list of cruelty. For example, Ray was smiling during Lee and Kennedy's lists of cruelty for their week 18 exercises. They were listing name-calling as cruelty, and Molly asked Ray why he was smiling. Ray said he was thinking about how long his list would be. It had never occurred to him that name-calling would be a type of abuse. It was only brought to his attention, because he got to hear Lee and Kennedy take accountability for it first.

Another way peer self-disclosure benefitted the members of the group is that it encouraged reciprocity. As mentioned above, the affective component at FSE is believed to be the key to unlocking individual's deep-seated motivations for battering. If men can openly process their adverse feelings, then they are more likely to make long lasting change to their behavior. For Harley, who came into the group very resistant, the first class he attended changed his whole attitude. The following account illustrates what happened:

Well, it was pretty much after the very first meeting where I had come into it with a very negative idea of what was gonna happen, what I was gonna do, how I felt about it. My

opinions were very strong on how much I didn't want to do it. And how much I wanted to let everybody know I didn't wanna do it. But once I got in there and got to see all these other people...being pretty vulnerable and honestly putting it all out there, that—hell—I just decided that I would be as honest as I can and get through it by being as honest with myself and everybody else in that room that I could be.

Similarly, when I asked Bucky to tell me what challenged him in the group, he said, *“In the beginning, opening up...uh...because I'm actually a very private person.”* Then, he shared how this initial obstacle eventually motivated him to actively participate. He said, *“But then it helped me open up. And to see everyone else open up so freely, and it's like, “Oh, you know, I can talk about this.”*

Another excellent example of reciprocity inspired by peer self-disclosure occurred when Bear gave his list of cruelty at his week 18. For 17 weeks, Bear insisted that he did not belong in the AIP group. He minimized his abuse and said he never *“put hands on”* his partner. However, his list of cruelty at week 18 was astounding. I remember it so clearly, because I could hardly believe it. After he finished reading his list, I asked him what had happened to make such a drastic change. He explained that he had listened to so many other men in the group speak openly and honestly about their violence that he decided he ought to be honest too. Bear had watched other men benefit from the group by engaging fully in the process. However, in the same way that peer self-disclosure can encourage men to self-reflect and self-disclose, refusing to self-disclose can discourage men from actively participating.

Lack of peer self-disclosure. The eighth theme—*lack of peer self-disclosure*—reflects how group members react negatively when other group members are guarded, or worse, dishonest. For example, when Bucky first joined the group, Outkast was annoyed that Bucky did

not do what the rest of us were doing in the symbol of shame exercise, an activity that requires vulnerability and self-disclosure. After a short debate, Outkast said incredulously, “*What, so you don’t have anything that you done that you were ashamed of?*” Bucky said, “*No.*” When men refuse to share honestly, it bothers the others. In many ways, this is indicative of their belief that they should not be held to a higher standard than anyone else. However, it also represents the fear of risking vulnerability in front of people who appear to be above it all.

When Bert interviewed with me, I remarked that I was excited about his openness toward the program, since he was only in his third week at the time. He said he was open to learn, but he was also guarded, because he observed there were some men in the group who acted like they did not care, which made him feel threatened and open to unfair judgment. In his own words, Bert explained:

I might not voice myself quite as fervently in front of 15 or 16 other men, especially when there’s people who DO NOT wanna be there, and they don’t give a shit who knows...you certainly don’t wanna open up in front of somebody who doesn’t give a fuck.

Bert was discouraged to show any vulnerability in front of someone who does not care. He even provided an example in our interview of one such man. Bert noted:

Last week there was a guy who kept his sunglasses on the whole time—sat in the corner. And every time Hank had something to say, he was just like—he had this air about him. And he...I don’t know, he just rubbed me the wrong way right off the bat, because he just obviously did not wanna be there. He didn’t care, he just always had some comment every time Hank had something to say—was trying to get a point across to us. He’d be over there shaking his head. It’s like, “Think about it. This is a completely different idea

for me. I don't wanna think about you being an asshole the whole way home, I wanna think about the content."

The man Bert described was Outkast, who resisted the program content for 43 total weeks before receiving "maximum benefit." For Bert, Outkast was more than discouraging participation. According to Bert's comments, Outkast's attitude upset Bert to the point that it was a distraction from the content.

Other men I interviewed shared similar frustration. For instance, when I asked Bello about what challenged him in the program, he shared that men with this resistant attitude really made it difficult for him to benefit from the program. He said,

People...and this is...you know, I try to practice this patience, tolerance, and acceptance thing in all the things that I do...um...but it's very very hard when other people that are so angry and sick REFUSE refuse help, and they kinda just keep you hostage to their sickness and you're like...you know um...you just want to lash out, you just want to catch them on fire.

This passage suggests that Bello was more than just annoyed or distracted. As can be seen by the vehemence in his words and metaphor, he felt out of control and offended as other men's resistance was a personal affront to him.

Christopher described to me how he interpreted a similar experience as pushing against his own shadow message (i.e., the insecurities that drive our behaviors). In his own words, he said:

I remember there was one guy and he would push on my shadow quite a bit. An older guy...he just thought he didn't need to be there, and we were a bunch of women beaters. And he'd straight tell us all that. And there was a couple times I didn't say anything to

him, because I knew it wouldn't come out positively. That was sometimes, you know, the other guys in there would somehow act like they were better than you when we were all sitting in the same chair.

I asked Christopher what his shadow message was, and like many men in the group, he said that he was “*less than—insignificant.*”

In addition to learning about the importance of disclosure and reciprocity, my observations and interviews with men in the AIP group revealed that it was important that group was different than real life.

Group is different from real life. For all the men I spoke with throughout this project, each and every one acknowledged that the discussions in group differed greatly from their conversations with friends and family in their everyday lives. In their real lives outside of group, they were not safe to discuss vulnerable feelings or symbols of shame. Thus, the ninth theme—*group is different from real life*—reflects how the group environment needed to be a “safe space” for men to be vulnerable and honest. For example, Lee confessed, “*I don't talk about the stuff I do in here [outside of group].*” Similarly, shortly after Ray joined the group, he asked if being in a group of guys was helpful. Sam offered a response as evidence that friends outside of group do not want to hear what we talk about in group. He said, “*It's not bar talk, that's for sure...yes, not stuff your friends want to hear.*” Additionally, at Kirk's last class, week 27, he championed the group's culture, talking about how the class is a safe place for men to talk about their emotions. He said, “*This shit is hard.*” Kirk was alluding to how unaccustomed they were to processing emotions, but when they did it in the group setting it was easier than trying in every day situations.

Bello claimed that the reason for the difference is that, *“The people that are not in that room have not been given a lot of the same opportunity to identify some of the character defects or flaws or places for improvement...those types of things.”* In contrast, Bello was struck with the immensely positive experience that came with the openness of group culture. He explained:

But the people in that room are kinda willing to be vulnerable and hear it. And when you say something like that, it is so beautiful to see someone whose light come on...you know...or to feel your own light come on by something somebody else said. You're like “OH why didn't I think of that!” I don't know why but sometimes we just need some of the obvious things said to us. And...that is just an amazing feeling. It's a very...love-filled...like genuine...I mean maybe it doesn't even need to be described as love, but genuine...like that genuine contact of like realness and goodness and and doing what you know is right is a good feeling and it feels like growth and growth feels really good.

Bello alluded to the fact that men do not typically achieve the “realness” witnessed in group discussions, because we are not encouraged to be vulnerable. Instead, we are guarded from judgment and scrutiny in real life.

Emilio expressed this point with a clear example. He said, *“It's not about letting my emotions out, it's just who could I tell? Who can I trust about my issues or my feelings? Somebody who's really gonna listen? Talk to you about your problems?”* He explained that his sister would not keep anything private, and that his wife would not allow him to express any problems without making him feel bad about it. In his own words, he described the situation:

I know if I tell [my wife] about my feelings, she'll turn it around. She'll be like, “Well, I'm...” If I tell her my leg hurts, she'll be like, “Ok, well my back hurts too. Do you see me crying? I don't say nothing.”

Emilio's wife would make it so disclosing any adverse feelings was subject to scrutiny or judgment and not received empathically. His sister would not respect his confidentiality. In either case, being vulnerable in real life was not safe.

Sharing repressed emotions. Men also cited the ability to disclose information that has been repressed as cathartic to the point of reducing the pressure to repress, which gives men a certain amount of relief and emotional support. Thus, the tenth theme—*sharing repressed emotions*—illustrates how men would often talk about experiences and emotions in the AIP group that they never talked about before. For example, in group, we often referred to our hidden self and adverse feelings as being filed away in a filing cabinet, because avoiding the discomfort is often easier than facing it. However, one night, Rick shared that he did not have a filing cabinet; he had a whole “house” of repressed memories. In our interview, Rick elaborated on this device:

Mine's a whole fucking house. Like I said, like Molly said—filing cabinets. No mine ain't filing cabinets. Mine's an actual fucking crib. Mine's like a million dollar fucking mansion—all this shit shoved in.

Intrigued, I asked him if his house was organized. In fact, he shared, it was. He explained:

Yeah, it's organized, yeah. Like the shit that's not that bad—like the shit that I could just open the door and not be that pissed off about—it would be in the front. But as I walk farther down the house, it gets darker and darker and darker and darker.

Rick was very guarded when he first came to the AIP group, but he had a major turning point when we helped Rick complete a control log of his sexual disrespect toward his partner. During the control log, we began addressing Rick's adverse feelings and opened the door to his emotional house. Rick said that this was the moment when he began benefitting from the group

program. A couple of weeks after that night, Rick received a dismissal of charges for his domestic battery case, but he did not follow up. He told Molly that he did not want to stop coming to class.

For Rick, and many other men, feeling safe to talk openly in group about adverse emotions and experiences that may feel shameful is a valuable asset. Rick believed that sharing these things in group even contributed to an improvement in the quality of his relationship. He explained:

Being able to let it out, like all my...yeah being able to talk to people about the shit I'm going through and shit...because I'm not building it up in my body. I'm venting...like I said, I don't have so much pressure and shit. It's just, yeah...I don't know, like I said, I vent, so when I go home, I'm not so built up and pissed off like I usually am.

Like many others, Rick had devised a method (i.e., his “house”) that enabled him to push unprocessed adverse memories and feelings deep into the back of his mind, so he would not have to think about them. The FSE group process invited Rick, like others, to unearth his repressed memories and feelings in order to practice feeling them and thinking about them without using defense mechanisms, knowing that the discomfort will eventually pass. Without the AIP group to normalize talk about adverse emotions and invite group members to self-disclose, these emotions may have stayed locked away forever.

Summary of RQ3: Perceived Social Support as Members of the AIP Group

Through my facilitator trainings, participant observation, and interviews at FSE I gained insight into their unique, trauma-focused AIP curriculum. Clearly, FSE’s primary goals are in sync with the predominant AIP models (e.g., The Duluth Model and EMERGE), yet they go beyond the norm by adding an affective component. In reviewing the data collected, I was also

able to see how the affective component helped IPV perpetrators recognize and process adverse emotions associated with childhood adversity. The results from the data, in response to the third research question, show that men in these groups are typically resistant at first, but they become more open to vulnerability and accountability through facilitator and peer support and self-disclosure. The more men saw others speaking openly, the more they were compelled to reciprocate. As a result, many participants recognized that the group environment was different (e.g., safer) than the interactions from everyday life, stating that they felt free to be vulnerable and honest without the fear of judgment. In many ways, the supportive nature of FSE groups challenged the masculine norms of self-reliance and restrictive emotionality, inviting men to process their intense adverse emotions (e.g., sadness, fear, powerlessness) that, for many, had been silently protected for decades. Within this supportive process, men began to repair the damage from early childhood trauma and learned how to sit with intense adverse emotions in a healthy and productive way.

Summary of Chapter Four

This chapter represents a culmination of the findings to the three research questions posed in this study: detailed accounts of study participants' adverse childhood experiences (RQ1), their perceptions of social support during childhood (RQ2), and what they perceived as helpful or challenging within the FSE program (RQ3). Through examining the lived experiences of IPV perpetrators, and observing them as they moved through the AIP group process, I uncovered several distinct themes that may help us to better understand how adverse childhood experiences and masculine support messages shape men's lives. Additionally, social support as a function of AIP groups appears to offer an array of benefits, potentially improving program outcomes.

Preview of Chapter Five

The subsequent and final chapter, Chapter Five, offers an interpretation of the study's findings and a discussion of the theoretical implications, practical applications, and limitations in response to the study's three research questions.

Chapter Five: Discussion

Study Summary

After studying the many benefits of social support (e.g., Barrera, 1986; Burleson & MacGeorge, 2002; Cohen & Wills, 1985; Cutrona, 1996; Dakof & Taylor, 1990; Sarason et al., 1994), alongside my studies of masculinities and gendered communication, I became interested in the possibility that there might be important implications for social support within the context of intimate partner violence (IPV) prevention and intervention, specifically for male perpetrators. Due to the high incidence of adverse childhood experiences (ACES) among IPV perpetrators (e.g., Whitfield et al., 2003), and restrictive characteristics of traditional masculine gender socialization (e.g., “restrictive emotionality”; see O’Neil, 2008, p. 367), I wondered how male IPV perpetrators experienced social support in their lives. Thus, some initial questions emerged, such as: If male IPV perpetrators were predisposed to lacking social support as they developed into adulthood, would that make them more likely to suffer the negative intra- and interpersonal outcomes of unmitigated trauma (e.g., Haven & Pearlman, 2004)? Furthermore, would this trauma help to explain the association between ACES and adult IPV perpetration?

There has not been much focus on IPV perpetrators in abuse intervention groups in the field of communication studies (cf. Stamp & Sabourin, 2009) and research about childhood trauma among IPV perpetrators (e.g., Else et al., 1993; Lisak & Beszterczey, 2007; Lisak et al., 1996) fails to address the issue of communicated social support. Thus, my specific purpose within this project was to better understand how male IPV perpetrators perceived social support around experiences of childhood adversity and as members of abuse intervention groups (AIP). As such, I posed the following three research questions:

RQ1: What types of childhood adversity have men who have perpetrated intimate partner violence experienced?

RQ2: How do men who have perpetrated intimate partner violence perceive social support during childhood?

RQ3: What benefits and challenges do men who participate in trauma-focused abuse intervention perceive with regard to social support?

To answer my research questions, I used two qualitative research methods: (1) participant observation and (2) in-depth interviews. I completed approximately 257.5 hours of participant observation within the AIP group and facilitator meetings (e.g., staff meetings in which facilitators discussed the class) at the Family Safety Enterprises (FSE), a local AIP, which offers intervention groups in addition to IPV victim support and resources. As a participant observer, I received 32 hours of AIP facilitator training, built rapport with members of the Wednesday night AIP group, engaged in group discussions and activities, and observed participants' behaviors, talk, and interactions with each other and facilitators, including myself. After each group meeting, I joined the facilitators in a discussion about the night's class, which helped to reaffirm my own observations, and participated in planning class for the following week (see Chapter Three for additional details).

In addition to my participant observation procedures, I also conducted 19.5 hours of semi-structured in-depth interviews with 15 men recruited from the weekly Wednesday night AIP group. My interview protocol included questions designed to elicit the following information: types and prevalence of adverse childhood experiences (ACES), perceptions of social support, opinions about the FSE program, and general demographic information (i.e., age,

race, ethnicity, level of education, employment; for the full interview protocol utilized in this study, see Appendix D).

In this final chapter, I analyze how the data reported in Chapter Four intersect across research questions and use the analysis to present two theoretical propositions worthy of future testing and research. In addition to theoretical implications and future research, I discuss potential practical applications of this research, as well as study limitations. However, before I present my findings, I briefly summarize the results of each research question individually in order to gain a clearer perspective of participants' perceptions of lived experiences.

RQ1: Prevalence and Types of ACES

In response to RQ1 regarding participants' experiences of ACES, participants reported a high frequency and variety of adverse experiences. Though there were several AIP group members who initially claimed they experienced no adversity in childhood, they each eventually changed their accounts over the course of several weeks in FSE's program. According to the definitions of cruelty provided by the FSE curriculum (i.e., "the blatant disregard for another person"; "the intentional infliction of harm") and considering the 10 ACES categories, which extend beyond trauma, men who participated in the current study generally acknowledged that they experienced some form of childhood adversity, though it may not have been labeled as such until they progressed through the AIP program at FSE.

Individually, each participant experienced at least one category of ACES. Additionally, many experienced multiple, co-occurring ACES. This reflects previous ACES research that suggests the presence of one ACES category significantly increases the likelihood of experiencing a second ACES category (e.g., Felitti et al., 1998). Based on participants' accounts, the following is an approximation of the frequency of the 10 ACES categories experienced by

the 15 interview participants: (1) psychological (73.3%), (2) physical (86.7%), (3) and sexual (13.3%) abuse; (4) emotional (73.3%) and (5) physical (20%) neglect; (6) parental separation or divorce (including abandonment and death; 86.7%); (7) witnessing violence against mother or stepmother (40%); or living with household members who were (8) substance abusers (46.6%), (9) mentally ill (26.6%), or ever (10) incarcerated (13.3%). Ostensibly, parental loss, physical and psychological abuse, and emotional neglect were experienced most frequently out of the 10 ACES categories.

Previous research (e.g., Else et al., 1993; Lisak & Beszterczey, 2007; Lisak et al., 1996; Whitfield et al., 2003) provides rich and varied data to support the claim that IPV perpetrators experience ACES to a higher degree than the general public. The current study was not designed to measure prevalence and type of ACES in order to test this theory. Instead, my aim was two-fold. First, I wanted to make sure that my sample of study participants was not unique in this context and that it did not deviate from the findings in previous literature. Second, in my observations and conversations with study participants, we talked in greater depth about their adverse experiences, going beyond simply what they experienced and to what degree. My goal was to garner emotional reactions from participants and to uncover perceptions of social support that may have influenced their worldviews and beliefs about relationships.

Messages about self and self-worth. There were several common messages about self and self-worth that participants received when experiencing adversity in childhood. For instance, men repeatedly reported that their experiences of psychological and physical abuse, emotional and physical neglect, and their experience of losing a parent made them feel “*worthless*” and “*unloved*.” For example, Kirk’s account of household instability, moving back and forth between permanently separated parents, communicated to him that he was “*unwanted*.” Similarly, Lee’s

stepfather actively and explicitly communicated how Lee and his younger brother were unwanted, but even his mother's failure to protect Lee and his brother, Lee perceived, communicated that they were unloved. He said, his mother would say she loved them, but they never believed her.

Taking the blame for ACES. In addition to messages about self and self-worth, many men felt they were personally responsible for the abuse they experienced. In some cases, men were blamed for what happened. For example, Pete remembered how his brother made him feel after handcuffing him to the fence. Pete interpreted his brother's message as blame, saying, "*it was my fault for wanting to go with them*" in the first place. Others believed they deserved their abuse. For instance, Bert talked about the one time he remembered his father using physical force, but Bert took accountability for his father's actions, saying, "*But I pushed him and pushed him.*" Miller's (2002) treatise on "poisonous pedagogy" suggests parents will justify their use of physical punishment as a means to an end, making it clear that they would not need to punish in this way if children would only behave properly. If men learned that only those who deserve it get punished, then it is possible they developed beliefs about relationships that motivated them to punish those whom they believe to be deserving.

For example, when Rick learned that his younger brother, Jimmy, was thinking about moving in with their biological father after years of abuse and foster care, Rick told me he punched Jimmy in the mouth, causing him to fall off a balcony, to teach him a lesson. In his own words, he explained, "*I didn't even feel bad that I beat Jimmy's fuckin' ass, because he deserved that fuckin' shit—stupid cock—yeah...because he was ignorant.*" When I asked Rick why he felt he needed to hurt his brother, he explained, "*I tried opening his mind—like literally [laughs]—I tried opening up his mind, and it didn't work. He's still with [my dad]; I pushed him further off*

into my dad's hands." This is an example of how men hurt others they believe to be deserving of punishment or correction.

Learning to fight like a man. In addition to receiving messages about deserving punishment, men in the current study also received messages about how they ought to behave in ways that conformed to traditional masculine ideology. Of the seven norms of traditional masculinity outlined by Levant and Richmond (2007), three norms were revealed distinctly and prominently in men's accounts: (1) avoidance of femininity, (2) self-reliance, and (3) aggression. Thus, the degree to which men learned to defend themselves as a result of bullying and physical abuse was no surprise. For example, after losing a fight at school, Lee was physically abused by his stepfather as punishment for not winning the fight. After this, Lee remembered learning, *"You don't let people walk on you. You don't lose fights."* Lee's words encapsulated this belief succinctly. Men learned, early on, that when confronted, they could not back down, because it would be perceived as weakness (i.e., feminine). Lee also described how, as an adult, he often got into fights as a result of this belief. He explained:

I got in fights at gas pumps just 'cause somebody looked at me, what I could see, in the wrong way—I wouldn't say it's disrespect—but if I don't react this way, then I'm weak.

The way I grew up was...you're not a doormat. If somebody pushes you, you push back.

Similarly, Outkast's experience of having to fight to win his bicycle back from the neighborhood boys is another example of how men are taught to be self-reliant and aggressive in relationships. Since conflict in romantic relationships is often inevitable, such anti-feminine beliefs about fighting, aggression, and self-reliance pose considerable risks for relationship partners.

Overcoming powerlessness. In contrast to learning to win the fight, men also learned they were powerless in the face of their abusers. For example, many who were abused or

witnessed the abuse of their mothers or stepmothers tried to intervene and stop the abuse. However, each time they attempted to interrupt the abusive behavior they were unsuccessful due, in part, to their size and strength at the time. It was only once boys grew into adolescent young men that they began to stand up to the abuse in a way that was effective, somewhat regaining a sense of power. However, by the time these young men became old enough (i.e., strong enough) to stop the abuse, they were also motivated to escape their home life. Thus, whatever power they regained was no longer functional within the context of protecting themselves or others from household abuse or dysfunction, yet the need to feel powerful lingered to bolster a deflated sense of self. Men would describe leaving their home of origin in search of ways in which they could prove their strengths.

For example, when Harley was about 23 years old, he engaged in a fight with another man to prove to his older brother, who had terrorized his family for years, that he could no longer hurt him. When Harley described what happened, he explained, “*Even though I was defending my brother...I wanted to show him, ‘I could whip your ass too.’ That’s what I really felt.*” Similarly, Bello, who ran away from his abusive father at 16, told me how he became a world champion martial artist, which he explained, “*fueled this ego of like, ‘I’m bad, test it. If not, don’t test me.’*” Similar to the risks involved with believing one cannot back down from a fight, the need to prove powerfulness (i.e., disprove weakness) holds the potential for hurting others in an effort to self-preserve one’s ego.

Thus, ACES experienced by the current study’s sample of men communicated messages about self, self-worth, traditional masculinity, and how to manage conflict in relationships. These messages may be compounded or amplified by the absence of strong primary attachments, low or lacking social support, and masculine social support messages.

RQ2: Perceived Social Support During Childhood

In response to RQ2, on the perceptions of social support surrounding experiences of childhood adversity, men's stories provide insight into the patterns of low and sometimes absent social support. The results in Chapter Four suggested that participants shared several common themes regarding social support deficits. First, the majority of men reported the loss of one parent, or both (i.e., primary attachment figures), through separation, divorce, abandonment, or death. Second, another large majority of participants reported experiencing abuse perpetrated by a primary attachment figure (i.e., parent or stepparent) or household dysfunction that resulted in damaged attachments. Finally, there were several pervasive social support messages that reified traditional masculine ideology, hindered the development of skills necessary to access social support, and actively discouraged help seeking. Taken together, the effects of masculine gender socialization prevented men in the study from obtaining the benefits of social support, especially that of cognitive and emotional support (e.g., sense making and acceptance).

Loss of parents, loss of support. Losing a parent, as a large majority of study participants reported, can be traumatic in that it violates one's assumptive world (Janoff-Bulman, 1989). Furthermore, the loss of a parent can simultaneously affect the availability and quality of social ties and the availability of social support resources by physically removing one or more social ties from a young man's social network. Though not all men who reported losing a parent claimed the loss affected them traumatically, many participants who reported parental loss also acknowledged some degree of social support loss. For example, Sam, Christopher, and Kennedy all noted deficits in one or more types of social support after losing their fathers. In Sam's case, he suffered a loss of material support (i.e., "goods and services that help the individual to solve practical problems"; Jacobson, 1986, p. 252) as the result of his father's absence. However, when

Sam met his father at the age of 18, he remembered that his father began teaching him lessons (e.g., useful skills) he wished he had learned sooner. In Sam's own words:

I felt like I got the blunt end of the stick, 'cause he wasn't nowhere around, I felt like I got short-changed. But he made it up to me as far as I'm concerned—all the stuff he showed me. And I can provide for my family on the stuff that he's showed me.

The material support Sam lacked for so many years was apparently only available through his father's tutelage.

In a different context, Christopher's absent father resulted in not only loss of material support (e.g., how to change a tire; how to fix a lawnmower) but also a loss of emotional support (i.e., behavior that “fosters feelings of comfort and leads an individual to believe that he or she is admired, respected, and loved, and that others are available to provide caring and security”; Jacobson, 1986, p. 252). All the times Christopher's father promised to spend time during the weekend, but failed to follow through, Christopher remembered feeling a distinct sense of rejection, making him feel “*less than*” and “*unworthy*.”

Finally, Kennedy experienced the loss of a parent when his father died from complications with brain tumors. When Kennedy's father died, he remembered his mother stopped caring for him, and they could no longer “*get along*.” Kennedy went to live with his sister, but he reported that she did not treat him with respect either. As a result of being left to manage, seemingly all by himself, Kennedy began spending time with a group of neighborhood peers who were using and selling drugs. Based on Kennedy's account, his father's cognitive support (i.e., “information, knowledge, and/or advice that help the individual to understand his or her world and to adjust to changes within it”; Jacobson, 1986, p. 252) would have kept him from getting in trouble. Kennedy reflected, “*Ultimately, I think that's what changed my life, was my*

dad dying. 'Cause I would have been more on the straight and narrow path, 'cause it was stricter.'"

Unfortunately, many of the men engaged in this study reported lacking support even among their remaining parents or caregivers. Additionally, many reported surrogate support that was accompanied by negative influences (e.g., gang membership, drugs) rather than positive influences. Furthermore, many men reported abuses and household dysfunction caused by parents or caregivers that ultimately resulted in damaged attachments.

Damaged attachments through ACES. A healthy attachment provides children with a sense of security and connectedness and is considered to be a foundational prerequisite to psychological health (i.e., emotion regulation and healthy self-esteem; Bowlby, 1969; Haven & Pearlman, 2004). Few men in the study sample reported feeling secure and connected with parents or caregivers. In contrast, many told stories of how their parents would psychologically and physically abuse them. Others talked about experiences of severe emotional and physical neglect perpetrated by parents or caregivers. Still more disclosed experiences of household dysfunction in which parents or caregivers were the cause of instability, exposure to harmful substances or situations, and criminal behavior.

The resulting damaged attachments occurred because the bond between parent and child was either never successfully developed or was damaged by abuse or household dysfunction. Other research (e.g., Haven & Pearlman, 2004) demonstrates that damaged attachments such as those described in the current study can lead to negative outcomes such as a decreased sense of security and self-esteem, disruptions in psychological development (e.g., emotional dysregulation), and maladaptive coping mechanisms (e.g., substance abuse). When discussing the effects of ACES, men in the current study would often say that the experiences left them

feeling “*unwanted*” or “*worthless*.” For instance, Emilio described how his mother, who was most often working or sleeping, would have to pick him up from school when he got in trouble. He remembered that, on these occasions, she would say, “*Oh you’re bad...always a bad kid. Why can’t you just listen?*” Emilio admitted that these repeated incidents of being berated and made to feel “*less than*” contributed to a low self-esteem.

Similarly, intense emotions and aggression were common among the men in this study. For example, Lee described many instances where he responded to situations with intense, unregulated anger—getting into fights for no apparent reason. Sam and Rick both talked about “*blacking out*” when they got into fights. For instance, Rick remembered, early in elementary school, how he once beat another boy in a bathroom fight until “*the water [was] red with blood*.” However, Rick reflected that until the principal came running in, he had no idea how badly he had hurt the other boy. Rick claimed to have reached his “*critical stage*” and “*blacked out*,” a common reoccurrence throughout Rick’s life. Gottman’s (1994) concept of “flooding,” characterized by increased heart rate and decreased executive brain function, helps to understand such emotional reactions to conflict. When one has limited ability to regulate emotional responses, the body’s fight-or-flight responses are triggered involuntarily.

Finally, there was a pattern of substance abuse among sample participants. Many openly admitted to using marijuana, methamphetamines, and alcohol. Some resorted to dealing drugs, which was accompanied by additional social and legal consequences. For example, Kennedy remembered getting introduced to marijuana shortly after his father died and his mother began emotionally distancing herself from him. When I asked Kennedy why his father dying made him stop sports, he explained, “*I don’t know... ‘cause I guess I shut down a little bit. And then, got introduced to weed, and then I just wanted to go smoke weed*.” Smoking weed became a coping

mechanism for Kennedy, allowing him to feel something aside from the unprocessed grief of losing his father.

The low self-esteem, dysregulated emotions, and maladaptive coping mechanisms apparent in these men's stories suggest that the effects of ACES and damaged attachments were unmitigated by social support. Furthermore, messages received about social support at an early age shaped men's beliefs and attitudes toward help seeking and social support throughout their lives, constraining their ability to access social support resources and their benefits.

Masculine support messages. Several characteristics of Levant and Richmond's (2007) conceptualization of traditional male role norms (i.e., avoidance of femininity, self-reliance, aggression, and restrictive emotionality) are apparent in the selected data from Chapter Four. Men in the current study reported patterns of masculine support messages from caregivers, peers, siblings, and others. Two major social support message themes emerged in the findings: (1) *take care of yourself* and (2) *can't talk about feelings*. Both message categories reflect traditionally masculine views toward social support. Messages like *take care of (adult) business, don't seek help*, and *you're all by yourself* (i.e., messages from the first social support messages theme, *take care of yourself*) indicate an increase in the need for self-reliance and a decrease in perceptions of available social support. Instead, it is apparent that for these men that seeking social support was inappropriate regardless of whether or not help was available.

Messages like *nobody to turn to, emotions are not manly*, and *get help, and somebody is gonna get hurt* (i.e., messages from the second social support messages theme, *can't talk about feelings*) indicate, again, a preference for masculine modes of support. Men were taught to turn away from emotions, which were considered to be feminine (i.e., weak). Thus, men were not able to process emotionally loaded experiences in order to make sense of them. For example,

Christopher perceived his mother and his aunts as available, yet he chose self-isolation over seeking their support. Christopher's female caregivers may have modeled self-disclosure and emotional expression, typically believed to be feminine styles of support (Kunkel & Burleson, 1998). However, the masculine ideology that taught Christopher to "*bottle everything in and not talk about it*" prevailed.

Furthermore, the perceived risks of help seeking (i.e., *get help, and somebody is gonna get hurt*) suggest that men learned early on that aggression is the natural consequence of seeking help, and directly influenced their perception of social support as not worth the risk. It would be appropriate to extrapolate that these men had little to no emotional support to give them a sense of belonging and care, nor did they experience the cognitive support required to help them process their childhood adversity and assimilate incongruent data (e.g., Janoff-Bulman, 1989).

With the prevalence and effects of childhood adversity and the patterns of masculine support messages among the current study's sample, it is no wonder that these men have intra- and interpersonal challenges. What stands between their adverse pasts and their potentially healthy futures may be strategies and tools of social support available through abuse intervention program (AIP) groups.

RQ3: Perceived Social Support as Members of the AIP Group

In response to RQ3 on the perceptions of social support within trauma-focused abuse intervention, my training and understanding of the relatively unique trauma processing and affective components in the FSE program helped to contextualize men's accounts of AIP group membership. Within men's reports, themes reflecting both perceived challenges and benefits relating to social support emerged.

Resistance versus openness. The results in Chapter Four illustrated how the male IPV perpetrators in this particular sample have systematically developed strategies and characteristics promoting self-protection, self-reliance, emotional restriction, and aggression. From their accounts, many in the current study operated under the beliefs that no one could help them, nor should they assume anyone *would*, as illustrated by Outkast's declaration:

No matter who you align yourself with, no matter what you say to anybody, no matter what anybody says to you, you're only by yourself. All the time, every time. And if you can't do it, ain't nobody gonna do it.

This tendency to isolate oneself both socially and emotionally is evident in Chapter Four among those who demonstrated resistance to the group process. Very few men entered FSE's program with open arms, ready for change. Instead, most started with anger, hostility, and the refusal to acknowledge they needed help from anyone.

Attitudes and beliefs that encourage isolation prevent access to useful social resources and make deep, potentially restorative, connections. In the process of making meaningful behavioral changes through participation in AIP groups, the current study suggests openness and willingness to receive help from others is a fundamental requirement. As Rosenberg (2003) observed in her study of abuse intervention groups, "there is more to changing behavior than imparting information" (p. 314). Rosenberg (2003) points to perpetrators' reports that relationships with peers and facilitators in group were essential to the achievement of program completion. Through men's accounts in the current study, those who began the program with openness appeared to receive the most benefits (e.g., new information, tools to address thinking errors, behavior change) in the least amount of time.

Though Rosenberg's (2003) study revealed the importance of supportive relationships in AIP groups, the current study does more to contribute to our understanding of why this is so. The literature on social support is multi-faceted and addresses many relationship types, support processes, support resources, and support types (e.g., Sarason & Sarason, 2009; Vangelisti, 2009), yet the current study identifies social support benefits broadly while also pointing to a few specific social support themes that appear to be particularly useful in garnering AIP group participation and change. Broadly speaking, participants reported that general feelings of acceptance, fitting in, and being valued were important consequences of peer and facilitator self-disclosure, respect, and honesty. Thus, in general, social support functioned as a perception of being accepted and supported, instead of "something done for someone" (Sarason & Sarason, 2009, p. 120). This sense of acceptance and support was a fundamental requirement for men to openly engage in the group process.

Facilitator support. FSE trains facilitators to intentionally self-disclose and create a safe and respectful environment for each group meeting. Additionally, while FSE facilitators teach perpetrators how to be accountable for their abuse, FSE staff also strive to eliminate any sense of facilitator power or control over group participants. For example, I frequently observed men who would send text messages or sleep while in group. During one of my observations, the man sitting next to me texted for the entire duration of a 90 minute AIP group. I later asked Hank, FSE's director, about FSE's policy on cell phone use during class. He explained that cell phone use is prohibited in the program agreement, signed by all group members at orientation, and is a common policy among other AIP. However, Hank told me that he no longer enforced the policy, because he realized it was a form of control that created more distance between facilitator and group members, which was antithetical to his overarching goals as a group facilitator.

In our conversation, Hank told me, “*the more I do this, the less I am interested in imposing my will and trying to control them.*” He said that his goal was to be the “*least controlling AIP in the country,*” citing his disapproval of other programs he had observed promoting hierarchy and facilitator distancing in their program trainings. Additionally, Hank began to view cell phone use as another facilitation tool. In his view, cell phone use is one way that group members communicate their level of engagement. He reasoned that if facilitators respect group members, then group members should have the right to choose whether to engage or not. Furthermore, men who texted, slept, or created distractions in other ways had simply not yet become engaged, which is ultimately the facilitator’s responsibility to find a way to effectively engage them.

Facilitator self-disclosure. Self-disclosure is one of the social skills needed to obtain social support resources. In other words, one must be willing to talk about one’s needs and feelings in order to notify others that one is seeking help (e.g., Hobfoll, 1985). Results reported in Chapter Four indicated that facilitator self-disclosure achieved two influential outcomes: (1) reduced potentially intimidating differences between facilitator and group member and (2) normalized self-disclosure. First, men who observed facilitator self-disclosure as beneficial reported that it made them feel less likely to be judged. The initial assumption, for many participants, was that facilitators were “*better than*” group members, and for a population ostensibly predisposed to feelings of inadequacy, there is more risk than benefit in disclosing to individuals who may judge harshly or cause the disclosing individual to feel shame.

Second, facilitator self-disclosure, whether by a male or female facilitator, appeared to have a normalizing effect on self-disclosure, which runs counter to the sample participants’ beliefs about norms governing seeking help or airing complaints. Given participants’ reports of

support messages received in childhood through adolescence, self-disclosure was far from what was expected of them, let alone what was acceptable. Many of the men interviewed and observed in the current study reported they were taught to keep quiet and to solve their own problems. Thus, many of the stories they told in group about adversity in childhood, or challenges in their adult relationships, were told for the first time in a long time and, for some, told for the first time ever. From the men's accounts, they attributed their willingness to disclose as consequential to the facilitators' modeling of openness and, in turn, to their peers' willingness to do the same.

Peer support or lack thereof. At FSE, as in many other AIP programs, AIP groups were open groups, which means that men joined the group at different parts of the program curriculum and met program requirements at different rates, rather than starting and finishing at the same time (i.e., a closed group). Due to the open nature of each group, there were mixed levels of maturity among group members. Maturity, in this context, refers to acclimation to and acceptance of program language, expectations, and goals. For example, a mature group member would talk openly about his perpetration of IPV without blaming, justifying, minimizing, or denying his behavior. In contrast, an immature group member would typically be hostile, resistant, and unwilling to take accountability for his abusive behavior. When the group dynamic was predominantly mature, accountability and openness was normalized. New group members would observe this display of maturity as the norm and acclimate more quickly. As such, the men that I interviewed and observed reported feeling motivated to question their assumptions, share personal information honestly, and reciprocate in a way they deemed to be fair and respectful. For instance, *not* reciprocating was considered to be disrespectful in the face of others' vulnerability. Thus, peer support influenced men's participation in group activities and

discussion and, therefore, led to better outcomes (e.g., greater introspection, honesty, accountability) and fresh perspectives.

Though peer support had positive effects, there were periods in which the group dynamic shifted, due to the changes in group membership (i.e., completion and orientation), and became predominantly immature. At such times, new members (e.g., Bert and Bello) reported they were adversely affected by the lack of peer support in the group. When this occurred, the guarded climate in group discussions and activities discouraged men from risking vulnerability. Despite the occasional shift in group norms, when peer support and self-disclosure was high, the AIP group offered men the perception of a safe environment where they could talk openly with other men about issues that were typically off limits in their everyday lives.

Group is different from real life. Participants frequently remarked about the unique nature of the AIP group, in that they discussed topics that were not usually discussed in their life outside of the group (e.g., relationships, beliefs, fears). Additionally, men acknowledged that it was cathartic to disclose intimate secrets, shameful experiences, and adverse emotions that were often so deeply hidden that they had not only not shared them before, but they had never thought about them long enough to process the experiences and emotions. Thus, in order for the group process to be effective, the group environment had to be different from men's real lives. Evident in their accounts, men's everyday experiences and the messages they received from family, friends, and even some romantic partners prevented them from sharing themselves wholly. Indeed, being vulnerable in real life has too many costs (e.g., ridicule, rejection, violence; Kimmel, 2012; Minor, 2001). In order to promote introspection, vulnerability, and reciprocity in AIP groups, the risks involved in being honest must be eliminated.

Apparent in the above summarized results, the current study presents some striking evidence to further our understanding of IPV perpetrators and their experiences of ACES, masculine gender socialization, and social support. The following sections address how these results can contribute to interdisciplinary theory and abuse intervention practice.

Theoretical Implications

I began this project three years ago (December 2013), believing that communicating social support would be a valuable tool for IPV prevention and intervention. After observing and analyzing the lived experiences of male IPV perpetrators, I have been able to identify how childhood adversity, masculine gender socialization, and low or lacking social support have influenced these men cognitively, emotionally, and socially. Felitti and his colleagues (e.g., Dube et al., 2005; Edwards et al., 2004; Felitti et al., 1998) have demonstrated time and again how ACES can contribute to negative social, psychological, and physical health outcomes. Whitfield et al. (2003) and others (e.g., Else et al., 1993; Lisak & Beszterczey, 2007; Lisak et al., 1996) have demonstrated the positive association between childhood abuse and adult violence perpetration. However, a recent meta-analysis conducted by Godbout et al. (2017), suggests that the relationship between child maltreatment (CM) and IPV is so small that “the majority of CM survivors will not experience or perpetrate IPV” (p. 8). Thus, the connection between adversity in childhood and violence perpetration in adulthood is clearly not well understood. Godbout et al. (2017) propose that further research is needed to understand the “combination of individual, relational, and societal factors” that are likely to explain how, for some, childhood adversity leads to adult IPV perpetration (p. 8). Thus, the following sections outline two propositions for a new theory grounded in the current study’s findings and present issues worthy of future testing and research.

ACES and social support. The current study contributes to better understanding why social support may interrupt the relationship between ACES and adult IPV perpetration. Felitti and Anda (2010) found in their survey study that those who scored high on the ACES questionnaire reported feeling relief and acceptance when speaking with a non-judgmental professional (e.g., a counselor). In a clinical setting, Miller (1997) observed the importance of a helping (or enlightened) witness, a safe person with whom one can share adverse feelings without fear of judgment or rejection, in mitigating the effects of childhood trauma.

The striking results of the current study demonstrate a high frequency of ACES, a prevalence of damaged attachments, and negative messages about self-worth among male IPV perpetrators. Simultaneously, participants reported low and sometimes absent positive social ties and the presence of social ties with significantly negative influences (i.e., gang membership, drug use). The current study illustrates how the effects of ACES and damaged attachments (e.g., adverse emotions, violated assumptive worlds, loss of support) were almost never mitigated by the presence of positive social ties (characterized by respect, encouragement, and acceptance). If a greater number of positive social relationships can offer a greater number of social support resources (Cutrona, 1996), then it stands to reason that a shortage of positive social ties would influence a deficit of social support resources. As such, men without adequate social support lacked the buffering effect of social support, in which perceived social support can disrupt the link between stressor and the subsequent effects of distress (e.g., Cohen & Wills, 1985).

Additionally, men who experienced ACES that resulted in damaged attachments to primary caregivers lacked the emotional and cognitive support required to adequately appraise and reappraise their circumstances, which would have helped to make sense of threatening or stressful events (Folkman & Lazarus, 1985). The absence of such support made it impossible to

fully recover from the loss of an attachment figure and assimilate incongruent data into one's world view in a healthy way (Janoff-Bulman, 1989). Unfortunately, poor or unavailable social ties in addition to a lack of social support resources during times of adversity only compounded the effects of trauma, making psychological development, self-esteem, and overall life satisfaction untenable. In contrast, a child who experiences trauma but has access to positive social ties and social support resources is more likely to develop healthy self-esteem, emotion regulation, and coping mechanisms (e.g., Haven & Pearlman, 2004). Thus, my first proposition is that one must perceive connection to positive social ties (e.g., feel a sense of belonging) and perceive availability of social support resources (e.g., cognitive and emotional support) in order to survive ACES without developing anti-social or aggressive tendencies.

Masculinity and social support. In addition to inadequate, and often negative, social ties and deficits of available support resources, the current study found that men who perpetrated IPV were susceptible to early and patterned support messages that reinforced harmful masculine ideology. Traditional masculine ideology can create significant emotional and social obstacles that can prevent individuals from obtaining the benefits of social support. Research about social support is historically biased toward feminine styles of support (e.g., emotional support via emotional expression) as superior to masculine modes of support (e.g., material support and sharing activities; see Wood & Inman, 1993). In a similar vein, the current study reveals a pattern of lacking and often absent stereotypically feminine modes of support. Additionally, there is a consistent pattern of participants in the current study who reported devaluing discussions of feelings and valuing material support or activities that help them distract from their problems (Wood & Inman, 1993).

The absence of stereotypically feminine support may not necessarily be an inherent disadvantage. In healthy adult males, stereotypical male support styles may carry little to no adverse consequences. For example, Wood and Inman (1993) assert that men who adopt stereotypical male styles of closeness (e.g., sharing activities) can still develop close and meaningful relationships. However, the current study highlights men who experienced unhealthy exposure to ACES and damaged attachments and were simultaneously taught to suppress emotions, and we know that suppressing emotions is only effective in reducing outward expression not the inward experience of it (Gross, 1998; Gross & Levenson, 1993, 1997). Thus, with what we know about the psychological and physiological benefits of emotional expression (e.g., sensemaking and integration of worldview disruptions; Pennebaker, 1997) and perceived support (e.g., sense of self-worth; see Burleson, 2003, for a review), the absence of stereotypically feminine support would be uniquely detrimental to those who have experienced unmitigated adverse childhood experiences.

If we reflect on Levant and Richmond's (2007) Male Role Norm Inventory [MRNI; i.e., (1) avoidance of femininity, (2) fear and hatred of homosexuals, (3) self-reliance, (4) aggression, (5) achievement and status, (6) non-relational attitudes toward sex, and (7) restrictive emotionality], we can see a prominent reflection of male role norms in the selected data from the current study. Specifically, avoidance of femininity, self-reliance, aggression, and restrictive emotionality are all present. Messages encouraging the avoidance of femininity and restrictive emotionality create isolation and discourage help seeking. Men who embrace these messages not only perceive that social support is unavailable, but that it is unwanted and unmanly. Similarly, messages about self-reliance decrease perception of available social support and emphasize the need to take care of oneself, even if individuals lack the necessary skills in order to do so.

The results in Chapter Four of the current study make it apparent that for these men, seeking social support is inappropriate regardless of availability. Thus, participants' accounts suggest that they had little choice but to proceed with their lives as though they were to blame for their adverse experiences and the resulting social, psychological, and cognitive deficits impaired their ability to manage emotions in a healthy (i.e., non-defensive) manner. Thus, my second proposition is that masculine gender socialization inhibits a child's ability to obtain social support resources needed to repair cognitive, emotional, and social damage caused by ACES. Taken together, the two propositions put forth in the current discussion give shape to a testable theory that emerged from analysis of the current study's findings: The association between ACES and IPV can be partially explained by low or lacking social support and is amplified by the endorsement of masculine gender norms. In addition to contributions to theory and research, the current study provides an in-depth qualitative account of male IPV perpetrators' lived experiences such that findings might be applicable to abuse intervention practices prior to further testing. The next section discusses the potential practical applications.

Practical Applications

For IPV perpetrators who are charged and sentenced, abuse intervention program (AIP) groups represent a unique point of contact for intervention practitioners to influence perpetrator behaviors. Due to the extended length of programs and the typically court-mandated attendance, AIP group involvement places individuals in an environment that has the potential to increase the safety of partners and children by increasing perpetrator accountability and decreasing their use of violent behavior. Additionally, the current study suggests that more needs to be done than what is currently offered as AIP strategies (e.g., cognitive behavioral therapy and feminist psycho-education; Cluss & Bordea, 2011). Based on this project's findings, I propose that AIP

group directors and facilitators would benefit individuals and families if they would make three significant additions to current curricula materials and facilitator trainings.

AIP groups: Support and self-disclosure. The current study suggests that male IPV perpetrators experience high frequency of adversity in childhood, and much of this adversity is related to damaged attachments with primary caregivers. Though we can never go back and repair the damage that was done, AIP group facilitators can create opportunities for IPV perpetrators to develop meaningful attachments with positive social ties. Though many in the AIP community may attest to already creating a supportive environment in AIP groups, characterized by respect for group members and support resource availability (e.g., counseling), it was noted in Chapter Two that it is uncommon for facilitators to self-disclose.

The current study's findings suggest that facilitator self-disclosure is a valuable tool that, when used intentionally, can communicate a sense of acceptance and belonging by validating group members' experiences, perceptions, and feelings. Validating and supporting group members in this way, bolsters men's self-esteem and gives them the sense of agency that allows for self-improvement. Though there are few significant differences between men and women with regard to supportive communication (Kunkel & Burleson, 1998), men tend to self-disclose less than women (Dindia & Allen, 1992). Thus, regardless of traumatic experiences and damaged attachments, men generally need encouragement in order to challenge this social norm. In the development of social penetration theory, Altman and Taylor (1973, 1987) demonstrated through the "norm of reciprocity" that individuals are encouraged to self-disclose when others self-disclose first; this tendency to reciprocate influences both breadth and depth of disclosure.

Additionally, facilitator self-disclosure helps to develop alliances (not collusion; admitting one's own transgressions does not automatically condone violence) that create a sense

of trust and safety, which motivates group members to disclose their own personal stories more deeply and honestly. Furthermore, Dindia and Allen (1992) found, to no surprise, that “self-disclosure was greater within existing relationships (including friends, spouses, and parents with their children) than between strangers” (p. 213). Thus, an AIP group facilitator cannot be a stranger. Reis (1998) notes individuals become close (e.g., increased trust and vulnerability) through disclosure, and asserts:

The essential self is often theorized to have an affective core consisting of self-evaluations and self-perceptions—in other words, hopes, goals, fears, and motives. The intimacy process requires that this innermost core be made at least partly accessible to the other. (p. 205)

The “other,” in the context of AIP facilitation, is the group member, who depends on the facilitator to establish a connection required for open engagement.

Whether trauma-focused or otherwise, AIP group members cannot benefit from the group process if they do not participate (Rosenberg, 2003). Therefore, the reciprocity that is inspired by facilitator (and peer) self-disclosure can encourage openness to the group process (e.g., program language and information) and hasten the timeline for progressing toward group goals (e.g., increased accountability for abusive behavior). Once the initial obstacle of resistance to the group process is overcome, additional personal growth and the adoption of healthy intra- and interpersonal skills is possible. In addition to including facilitator self-disclosure in AIP group norms, actively processing early childhood trauma may be an important component that is missing from many current AIP curricula.

AIP groups: Trauma processing. The current study’s findings suggest that though most people who experience child maltreatment do not become IPV perpetrators (Godbout et al.,

2017), most IPV perpetrators experience at least one category of adverse childhood experiences (ACES) and some degree of damaged attachments due to the loss of a primary caregiver or the experience of abuse or household dysfunction perpetrated by an attachment figure. Given these apparent associations, we would be remiss to ignore the influence of early childhood experiences on adult IPV perpetration when designing AIP curricula.

Trauma-focused interventions are already being tested and utilized (e.g., attachment abuse treatment; Sonkin & Dutton, 2003; Stosny, 1995). Attachment abuse treatment is relatively new (e.g., Sonkin & Dutton, 2003; Stosny, 1995) and receives criticism from pro-feminist psycho-educational advocates. Yet, the current study's findings support efforts to address ACES, damaged attachments, and the resulting cognitive, emotional, and social consequences as components of abuse intervention programming. Victim advocates and pro-feminist allies have worked long and hard to remove individual characteristics from the way in which we respond to IPV (Adams & Cayouette, 2002; Pence & Shepard, 1999). For decades, they have argued that individual choice and not individual pathology motivate abusive behaviors (Adams & Cayouette, 2002). Yet any student of human behavior and communication can recognize that our choices result from the product of our individual differences, social experiences, and environmental influences. Additionally, numerous studies continue to point to factors that shape how we view relationships and the function of violence within them (e.g., Babcock et al., 2000; Dutton et al., 1994; Lubin & Schneider, 2009; Mollon, 2007; Swopes et al., 2013) that go beyond patriarchal structures and systems of power and control.

The role of AIP groups may not be to provide trauma processing in the sense of intensive long-term counseling, which may not be possible even in the longest AIP groups. However, AIP facilitators can, at minimum, help IPV perpetrators identify ACES they may have experienced

and provide information and tools to help them begin healing, reappraising, and making sense of their experiences (e.g., Burleson & MacGeorge, 2002). Such benefits of trauma processing may be prerequisite to ultimately ending one's dependence on abusive behaviors. Trauma-focused intervention can also address the messages men received regarding self-worth, self-blame, and aggression as the result of experiencing ACES and attachment damage. With trauma processing as a component of AIP groups, intervention practitioners can disrupt longstanding beliefs and attitudes that may have contributed to the individual's *choice* to use violence and aggression as a means of self-protection. However, as the current study's findings suggest, masculine gender ideology intensifies the negative effects of ACES and limited social support. Thus, the third recommendation is for AIP facilitators to expand the scope of how they teach gender socialization.

AIP groups: Deconstructing gender. Historically, AIP have addressed gender among intervention strategies insofar that group facilitators teach perpetrators about patriarchal structures and the dynamics of male power and control over female partners (Pence & Paymar, 1993). However, the current study illustrates the need to address gender socialization as it relates to restrictive emotionality and gender norms regarding seeking social support. Many male perpetrators of IPV may be motivated by the desire to have power and control over their partners, viewing their position of dominance as their rightful position as a man. Yet many others, may be influenced to aggress against their partners due to additional beliefs about masculine gender identity. Specifically, the current study illustrates how many men are taught to be self-reliant, aggressive, to restrict emotions, and to reject femininity (within themselves and others). With these beliefs driving behavior, men are less likely to compromise or collaborate in conflict situations and more likely to aggress to demonstrate power versus weakness, not because

they feel entitled to the power but, instead, because they know what powerlessness feels like, and know it is undesirable.

Similarly, men in the current study were not encouraged to express emotions and seek help. As a result, these particular men lacked social support that would have helped them manage heavy emotional loads and make sense of difficult situations. AIP curricula materials should include affective components to encourage men to embrace more stereotypical feminine modes of communicating in order to encourage constructive and healthy processing of difficult emotions and adverse experiences that may influence their abusive behaviors. This particular component may work well in tandem with CBT models of intervention, which have already been used to address emotions to some degree, because they involve retraining patterns of thinking.

In general, the theoretical implications and practical applications have been proposed with reasonable confidence in the rich data and thorough analysis presented in the current study. However, the project is not without certain limitations.

Limitations

A dissertation project is a demonstration of one's ability to independently design, conduct, analyze, and report original research. As such, a dissertation is also a significant learning process. Throughout my three years of development and execution of my dissertation project, I have discovered several potential limitations which are reported here for consideration.

First, the study design was dependent on two types of qualitative data collection: (1) participant observation and (2) participant self-reflection via in-depth interviews. Participant observation may limit the ability for the study to be a valid representation of "reality" insofar that the researcher must select from his or her environment what observations to make and whether or not the researcher attunes to the most salient information. Additionally, as an observer, the

researcher must rely on fallible senses and processes (e.g., listening, sight, memory) in order to collect data. Finally, participant self-reflection is often considered a limitation in quantitative studies. One potential limitation of collecting data from interviews with participants is that participants might have misperceived or misremembered events in their lives, and they may even misdirect researchers purposefully in order to avoid sharing difficult or private information.

However, Merriam (1998) asserts:

Because human beings are the primary instrument of data collection and analysis in qualitative research, interpretations of reality are accessed directly through their observations and interviews. We are thus “closer” to reality than if a data collection instrument had been interjected between us and the participants. (p. 214)

As mentioned in Chapter Two, validity and not “reality” is what qualitative research aims to capture (Maxwell, 2012). Thus, combined with my efforts to build rapport with study participants through on-going group participation and self-disclosure, encouraging openness and honesty in our conversations, the qualitative research methods utilized in the current study may have actually provided more accurate reflections of participants’ lived experiences than any other data collection tools could.

In addition to data collection methods, the current study may have been limited by the heavy dependence on only 15 in-depth interviews. This may appear to be a limitation due to small sample and the arguably vast differences among individuals in the larger population of IPV perpetrators. However, the 15 interviews were supported by my observation of over 100 men over the course of 10 months as a participant observer in the AIP group at FSE. The participant observation helped to triangulate the stories and experiences of the men I interviewed (Merriam, 1998; Manning & Kunkel, 2014), confirming the patterns I observed and helping to prompt and

probe participants during the interview process. Thus, the sample size was not as small as it would be without the support of additional participant observation data.

Due to the nature of this difficult to access population, I was limited in my ability to include much diversity in my sample selection. Though there were many different racial, ethnic, and socioeconomic groups represented, they failed to distribute evenly among the study sample. As a result, the study participants were predominantly Caucasian and from a low socio-economic background. In order to be more useful in addressing the needs of a greater number of people, the current study would have been strengthened by a greater diversity in sample participants (however, as noted in Chapter Three, interviews were conducted until saturation was reached; Lindlof & Taylor, 2011). Taken together with additional need for inquiry, this limitation brings me to discuss the potential for future avenues of research.

Directions for Future Research

As mentioned above, the findings presented here contributed to the development of a new interdisciplinary theory aimed at addressing the connection between ACES and IPV perpetration. Two propositions advanced in a previous portion of this discussion make up the following theory: “The association between ACES and IPV can be partially explained by low or lacking social support and is amplified by the endorsement of masculine gender norms.” The first proposition was that “one must perceive connection to positive social ties (e.g., feel a sense of belonging) and perceive availability of social support resources (e.g., cognitive and emotional support) in order to survive ACES without developing anti-social or aggressive tendencies.” The second proposition was that “masculine gender socialization inhibits a child’s ability to obtain social support resources needed to repair cognitive, emotional, and social damage caused by ACES.” The theoretical propositions drawn from the current study may enable scholars and

practitioners to better understand how ACES are related to IPV perpetration in adulthood in future research and practice.

For example, IPV perpetration is not limited to one demographic (e.g., Spitzberg, 2011). Racial and ethnic influences were overlooked in the current study. Future research needs to explore the different perspectives on masculinity and femininity among individuals from different racial and ethnic backgrounds. Perhaps some groups promote the enculturation of masculinity in boys more than others, making the availability of cognitive and emotional social support lower and the tendency toward violent behavior greater.

Additionally, though there are reasons for focusing research on men's violence against women (e.g., higher injury rates; see LaViolette & Barnett, 2014, for a review), future research should explore the intersections of trauma, gender socialization, and social support among female perpetrators in a variety of relationships and among male perpetrators in LGBTQIA relationships. It stands to reason that males and females, regardless of sexual orientation, would be similarly disadvantaged if they were exposed to ACES, preventing them from obtaining social support and its benefits, and taught to embrace masculine gender norms relating to self-reliance, aggression, restrictive emotionality, and rejection of femininity.

Finally, future investigations about trauma-focused interventions should be considered to better understand the effects of processing trauma for individuals who maintain a relationship with the victim of their abuse. During my participant observations and with several interview participants, men often talked about the challenges of achieving introspection and intrapersonal growth when their partners stayed the same. In some cases, the men said their partners did not like the changes and felt like the man they married was not the man they had become. In other cases, the men reported that their partners were angry or scared, because they perceived change

in men's attitudes and lexicon as condescending or manipulative. It is important that we try to understand how men's membership in an AIP group might influence the safety of partners and families, communication between individuals, and other relationship factors.

Conclusion

This interdisciplinary and applied research project employed multiple methods in order to better understand how exposure to ACES influences adult perpetration of IPV. Findings from 10 months of participant observation at a local AIP group, combined with 15 interviews with court-mandated male IPV perpetrators who were members of the AIP group, revealed a deficit of social support (i.e., social ties and resources) and pervasive messages encouraging adherence to masculine communication styles. Taken together, these findings contributed to the early stages of development for a new gendered communication theory of social support with interdisciplinary implications. Furthermore, this project identified several practical applications for social support and gender deconstruction within AIP curricula design.

In general, participants reported a high frequency of ACES, damaged attachments, and a pattern of negative messages about self-worth that were unmitigated by lacking positive social ties and support resources (i.e., cognitive and emotional support). Additionally, participants were consistently discouraged to seek help and conditioned to endorse masculine communication styles that limited access to social support benefits. The current study illustrates how the effects of ACES and damaged attachments (e.g., adverse emotions, violated assumptive worlds, loss of support) can be exacerbated by an absence of social support and compounded by the presence and adherence to masculine gender norms of communication. Furthermore, participants' accounts of AIP group membership illustrated the functional role of social support insofar that it

helps members achieve AIP programmatic goals (e.g., increased partner safety and perpetrator accountability).

There are exciting and difficult times ahead for researchers who wish to continue exploring the individual, social, and environmental factors that mediate the relationship between ACES and IPV perpetration. With the help of open and vulnerable community members, this dissertation project contributed to our understanding of the importance of social support in mitigating the effects of ACES, as well as some of the barriers that prevent access to its palliative effects. The more we learn about these processes, the more we will be able to provide families and individuals with the information and resources needed for improved primary and secondary prevention. Through this dissertation project, we can assert the important role of social support in aiding those already committed to the cause.

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APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL



APPROVAL OF PROTOCOL

April 22, 2014

Natalie Hoskins
nataliehoskins@ku.edu

Dear Natalie Hoskins:

On 4/22/2014, the IRB reviewed the following submission:

Type of Review:	Initial Study
Title of Study:	A Look at Batterer Intervention Curriculum and Client Culture
Investigator:	Natalie Hoskins
IRB ID:	STUDY00000858
Funding:	None
Grant ID:	None

The IRB approved the study from 4/22/2014 to 4/21/2015.

1. Before 4/21/2015 submit a Continuing Review request and required attachments to request continuing approval or closure.
2. Any significant change to the protocol requires a modification approval prior to altering the project.
3. Notify HSCC about any new investigators not named in original application. Note that new investigators must take the online tutorial at <https://hscc.drupal.ku.edu/human-subjects-compliance-training>.
4. Any injury to a subject because of the research procedure must be reported immediately.
5. When signed consent documents are required, the primary investigator must retain the signed consent documents for at least three years past completion of the research activity.

If continuing review approval is not granted before the expiration date of 4/21/2015 approval of this protocol expires on that date.

Please note university data security and handling requirements for your project:
<https://documents.ku.edu/policies/IT/DataClassificationandHandlingProceduresGuide.htm>

You must use the final, watermarked version of the consent forms, available under the "Documents" tab in eCompliance.

Sincerely,

Stephanie Dyson-Elms, MPA
IRB Administrator, KU Lawrence Campus

Human Subjects Committee Lawrencor
Youngberg Hall 1, 2385 Irving Hill Road | Lawrence, KS 66045 | (785) 864-7429 | HSCL@ku.edu | research.ku.edu

APPENDIX B: INSTITUTIONAL REVIEW BOARD RENEWAL



APPROVAL OF PROTOCOL

March 27, 2015

Natalie Hoskins
nataliehoskins@ku.edu

Dear Natalie Hoskins:

On 3/27/2015, the IRB reviewed the following submission:

Type of Review:	Continuing Review
Title of Study:	A Look at Batterer Intervention Curriculum and Client Culture
Investigator:	Natalie Hoskins
IRB ID:	STUDY00000858
Funding:	None
Grant ID:	None

The IRB approved the submission from 3/27/2015 to 4/21/2016.

1. Before 4/21/2016 submit a Continuing Review request and required attachments to request continuing approval or closure.
2. Any significant change to the protocol requires a modification approval prior to altering the project.
3. Notify HSCL about any new investigators not named in original application. Note that new investigators must take the online tutorial at <https://rm.drupal.ku.edu/human-subjects-compliance-training>.
4. Any injury to a subject because of the research procedure must be reported immediately.
5. When signed consent documents are required, the primary investigator must retain the signed consent documents for at least three years past completion of the research activity.

If continuing review approval is not granted before the expiration date of 4/21/2016 approval of this protocol expires on that date.

Please note university data security and handling requirements for your project:
<https://documents.ku.edu/policies/IT/DataClassificationandHandlingProceduresGuide.htm>

You must use the final, watermarked version of the consent form, available under the "Documents" tab in eCompliance.

Sincerely,

Stephanie Dyson Elms, MPA
IRB Administrator, KU Lawrence Campus

APPENDIX C: PARTICIPANT OBSERVATION INFORMED CONSENT FORM

Client Survey Consent and Authorization Form

“Family Safety Enterprises: A Look at Batterer Intervention Curriculum and Communication”
Natalie Hoskins, M.A.

INTRODUCTION

The Department of Communication Studies at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You may refuse to sign this form and not participate in this study. You should be aware that even if you agree to participate, you are free to withdraw at any time. If you do withdraw from this study, it will not affect your relationship with FSE, the services it may provide to you, or the University of Kansas.

PURPOSE OF THE STUDY

The purpose of this study is to look at the role of communicating emotions and how clients of Family Safety Enterprises (FSE) and their partners benefit from FSE's unique approach to batterer intervention.

PROCEDURES

Participation in this study includes allowing Natalie Hoskins to observe and engage in group activities and dialogue during FSE classes. Natalie will take notes about her observations that will be transcribed and analyzed. Only Natalie will see these transcriptions. Your confidentiality will be protected by not including your name in reports.

Initial here: _____

Participation in this study also includes the completion of one to four questionnaires, depending on your position in the program, (one at the time of orientation, one at week 16, one at week 18, and one at week 27) aimed at gathering information about your family history of violence and abuse, emotional expressivity, and current levels of empathy. The questionnaires should not take more than 7-10 minutes to complete and will be completed before or after class with paper and pencil.

Initial here: _____

RISKS

It is possible (but unlikely) that participation in any portion of this study could potentially prompt some physiological and/or psychological stress; thus a list of local counseling services that can be accessed easily will be provided. You can continue to utilize the services of FSE whether or not you choose to take part in this study. If for some reason you feel embarrassed or

uncomfortable at any time, you can stop participating without penalty. Your confidentiality will be protected by not including your name in reports.

BENEFITS

Participation in this study is not likely to benefit you directly. However, the lessons learned from this study should provide valuable feedback for the future of batterer intervention.

PAYMENT TO PARTICIPANTS

There is no financial compensation for participation in this study.

PARTICIPANT CONFIDENTIALITY

Your name will not be associated in any publication or presentation with the information collected about you or with the research findings from this study. Instead, the study will use an ID number and/or a pseudonym rather than your name. Your identifiable information will not be shared unless required by law or you give written permission.

Permission granted on this date to use and disclose your information remains in effect indefinitely. By signing this form you give permission for the use and disclosure of your information for purposes of this study at any time in the future.

REFUSAL TO SIGN CONSENT AND AUTHORIZATION

You are not required to sign this Consent and Authorization form and you may refuse to do so without affecting your right to any services you are receiving or may receive from FSE or the University of Kansas. Natalie will be present in the Wednesday night class (5:30pm) regardless of your consent. However, if you refuse to sign, Natalie will refrain from collecting any information about you. Additionally, you have the right participate in a different FSE class if you wish not to interact with Natalie at all.

CANCELLING THIS CONSENT AND AUTHORIZATION

You may withdraw your consent to participate in this study at any time. You also have the right to cancel your permission to use and disclose further information collected about you, in writing, at any time, by sending your written request to:

Natalie Hoskins
Department of Communication Studies
102 Bailey Hall, 1440 Jayhawk Blvd.
University of Kansas
Lawrence, KS 66045-7545

If you cancel permission to use your information, Natalie will stop collecting additional information about you. However, Natalie may use and disclose information that was gathered before they received your cancellation, as described above.

QUESTIONS ABOUT PARTICIPATION

Questions about procedures should be directed to Natalie. Her and her faculty advisor's contact information is listed at the end of this consent form.

PARTICIPANT CERTIFICATION:

I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study. I understand that if I have any additional questions about my rights as a research participant, I may call (785) 864-7429 or (785) 864-7385, write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7568, or email irb@ku.edu.

I agree to take part in this study as a research participant. By my signature I affirm that I am at least 18 years old and that I have received a copy of this Consent and Authorization form and a List of Local Counseling Services.

Print Participant's Name

Date

Participant's Signature

Researcher Contact Information:

Natalie Hoskins, M.A.
Principal Investigator
Dept. of Communication Studies
102 Bailey Hall, 1440 Jayhawk Blvd.
University of Kansas
Lawrence, KS 66045-7545
(785) 864-3633

Adrianne Kunkel, Ph.D.
Faculty Supervisor
Dept. of Communication Studies
102 Bailey Hall, 1440 Jayhawk Blvd.
University of Kansas
Lawrence, KS 66045-7545
(785) 864-9884

APPENDIX D: INTERVIEW PROTOCOL

Program Evaluation

1. Was there anything in the program that you found to be useful?
 - What helped you the most?
 - Was there anything you didn't like?
2. Was being in class talking with other guys any different from talking to friends in your everyday life?
3. What does your future look like?
 - What would you like to see happen? Why?

Gender Beliefs

4. Tell me about a time when you felt proud of yourself.
5. Have you ever felt/or been made to feel "less than?"
6. What makes a man?
 - What is your idea of a good/ideal partner in a relationship?

Relationship Status

7. What is the nature of your current or most recent romantic relationship? (i.e., dating, married, co-habiting)
 - How long are/were you together?
 - What is/was the quality of your relationship? (e.g., are/were you happy/satisfied?; How do you think your partner views the relationship?)
 - Do you have any children? Ages?

Use of Violence

8. What brought you to FSE? (Looking for arresting incident)
 - Are these experiences/behaviors common or uncommon for you?
9. Have you been violent and/or abusive in relationships in the past?
 - Would you be comfortable sharing your list of cruelty?

Childhood Experiences

10. When is the first time you can remember being treated cruelly?
 - (Clarification) Did you experience violence/abuse growing up?
11. How did you feel at the time?
 - How does it feel to talk about it?

Social Support

12. Who was someone in your life who helped you during that time?
13. Follow up: What did they do or say that was helpful?

APPENDIX E: INTERVIEW INFORMED CONSENT FORM

Client Interview Consent and Authorization Form

[Consent form for client interviews]

RESEARCH PARTICIPATION CONSENT FORM

“Family Safety Enterprises: A Look at Batterer Intervention Curriculum and Client Culture”

Natalie Hoskins, M.A.

INTRODUCTION

The Department of Communication Studies at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You may refuse to sign this form and not participate in this study. You should be aware that even if you agree to participate, you are free to withdraw at any time. If you do withdraw from this study, it will not affect your relationship with FSE, the services it may provide to you, or the University of Kansas.

PURPOSE OF THE STUDY

The purpose of this study is to employ constructs recognized in interpersonal communication scholarship for the exploration of the communicative tools, barriers, and challenges of domestic batterers and the intervention processes of the advocates working to facilitate batterer education and support and increased intimate partner safety. Specifically, this study will look at the role of communicating emotions and how clients of Family Safety Enterprises (FSE) and their partners benefit from FSE's unique approach to batterer intervention.

PROCEDURES

Participation in this research includes being interviewed by Hoskins about your history of family violence and abuse, your beliefs regarding gender and sex, and your most recent use of violence and/or abuse (i.e., what brought you to FSE). The interview will last about 45-60 minutes. The researcher will ask you if she can digitally record and transcribe the interview. Only the researcher will hear your interview and see your transcript.

RISKS

It is possible that participation in any portion of this study could potentially prompt some physiological and/or psychological stress; thus a list of local counseling services that can be accessed easily will be provided. You can continue to utilize the services of FSE whether or not you choose to take part in this study. If for some reason you feel embarrassed or uncomfortable at any time, you can stop participating without penalty. Your confidentiality will be protected by not including your name in reports.

BENEFITS

Participation in this study is not likely to benefit you directly. However, the lessons learned from this study should provide valuable feedback to the researchers about batterer intervention.

PAYMENT TO PARTICIPANTS

There is no financial compensation for participation in this study.

PARTICIPANT CONFIDENTIALITY

Your name will not be associated in any publication or presentation with the information collected about you or with the research findings from this study. Instead, the researcher will use an ID number and/or a pseudonym rather than your name. Your identifiable information will not be shared unless required by law or you give written permission.

Permission granted on this date to use and disclose your information remains in effect indefinitely. By signing this form you give permission for the use and disclosure of your information for purposes of this study at any time in the future.

REFUSAL TO SIGN CONSENT AND AUTHORIZATION

You are not required to sign this Consent and Authorization form and you may refuse to do so without affecting your right to any services you are receiving or may receive from FSE or the University of Kansas or to participate in any programs or events of the University of Kansas. However, if you refuse to sign, you cannot participate in this study.

CANCELLING THIS CONSENT AND AUTHORIZATION

You may withdraw your consent to participate in this study at any time. You also have the right to cancel your permission to use and disclose further information collected about you, in writing, at any time, by sending your written request to:

Natalie Hoskins
Department of Communication Studies
102 Bailey Hall, 1440 Jayhawk Blvd.
University of Kansas
Lawrence, KS 66045-7545

If you cancel permission to use your information, the researcher will stop collecting additional information about you. However, the researcher may use and disclose information that was gathered before they received your cancellation, as described above.

QUESTIONS ABOUT PARTICIPATION

Questions about procedures should be directed to the researcher listed at the end of this consent form.

PARTICIPANT CERTIFICATION:

I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study. I understand that if I have any additional questions about my rights as a research participant, I may call (785) 864-7429 or (785) 864-7385, write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7568, or email irb@ku.edu.

I agree to take part in this study as a research participant. By my signature I affirm that I am at least 18 years old and that I have received a copy of this Consent and Authorization form and a List of Local Counseling Services.

_____	_____
Type/Print Participant's Name	Date

Participant's Signature

Researcher Contact Information:

Natalie Hoskins, M.A.
Principal Investigator
Dept. of Communication Studies
102 Bailey Hall, 1440 Jayhawk Blvd.
University of Kansas
Lawrence, KS 66045-7545
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